File Closing Letter

Formal notification of engagement conclusion and file disposition instructions

1. Firm/Business Information

Business/Firm Name*

ABC Consulting LLC

Contact Person Name*

John Smith

Title/Position

Managing Partner

Business Address*

123 Main St, Suite 400, City, State ZIP

Phone Number*

(555) 123-4567

Email Address*

contact@firm.com

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2. Client Information

Client Name (Individual or Business)*

Jane Doe or XYZ Corporation

Client Address*

456 Oak Avenue, City, State ZIP

Client Phone

(555) 987-6543

Client Email*

client@email.com

3. Matter/Engagement Identification

Matter/File Number*

2024-0142

Matter Description*

Annual Tax Preparation Services

Engagement Start Date*

dd/mm/yyyy

Engagement End Date*

dd/mm/yyyy

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4. Closure Type

Reason for Closure*

-- Select Reason --

Additional Closure Details

Provide any additional context for the closure...

For withdrawals or non-responsive client closures, ensure you have documented reasonable attempts to contact the client and provided adequate notice of any pending deadlines.

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5. Engagement Outcome Summary

Summary of Services Provided*

Describe the work completed and outcomes achieved...

Final Deliverables Provided

List documents, reports, or work product delivered to client...

Matters Remaining Unresolved

Note any outstanding issues the client should address with successor provider...

> If any matters remain unresolved, clearly advise the client to seek appropriate professional assistance promptly to protect their interests.

6. Financial Reconciliation

Account Status*

-- Select Status --

Outstanding Balance Amount

$0.00

Payment Due Date

dd/mm/yyyy

Retainer/Trust Fund Status

-- Select Status --

Refund Amount (if applicable)

$0.00

> Any trust funds or retainer balances will be returned per applicable professional rules and regulations.

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7. Client File & Document Disposition

Documents Available for Client Retrieval*

- [ ] Original documents provided by client
- [ ] Final work product and deliverables
- [ ] Correspondence and communications
- [ ] Electronic files (if requested)

Document Retrieval Deadline*

dd/mm/yyyy

Retrieval Method*

-- Select Method --

Instructions for Document Retrieval

Describe how client should request their documents...

> Please retrieve your documents within the specified timeframe. After this date, unclaimed documents will be handled according to our file retention policy.

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8. File Retention & Destruction Policy

File Retention Period*

-- Select Period --

Custom Retention Period (if Other)

Specify retention period...

Retention Start Date*

-- Select Start Date --

Destruction Method*

-- Select Method --

Client Notification Before Destruction*

-- Select Option --

Legal Disclaimer: Our firm will retain a copy of your file for the period specified above, after which it will be destroyed without further notice unless you request otherwise in writing. Electronic files are subject to the same retention and destruction policies as physical documents.

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9. Important Deadlines & Warnings

Are There Pending Deadlines?*

-- Select Option --

Critical Deadlines Description

Describe any upcoming deadlines, filing dates, or time-sensitive matters the client must address...

Recommended Next Steps

Advise client on actions they should take, including engaging successor professionals if needed...

Legal Disclaimer: Upon conclusion of our engagement, we will no longer monitor deadlines or take action on your behalf. You are solely responsible for any pending or future deadlines. If deadlines are noted above, we strongly recommend you promptly engage appropriate professional assistance.

10. Future Engagement

Include Re-engagement Invitation*

-- Select Option --

Custom Message for Future Engagement

We valued the opportunity to serve you and welcome the opportunity to assist with future needs...

11. Client Acknowledgment Request

Request Written Acknowledgment*

-- Select Option --

Acknowledgment Return Deadline

dd/mm/yyyy

> Your acknowledgment helps us confirm you received this important communication. If we do not hear from you by the date specified, we will assume you received this letter and agree with its contents.

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12. Additional Notes

Additional Terms or Information

Include any special circumstances, agreements, or other relevant information...

13. Service Provider Signature

I hereby certify that the information provided in this File Closing Letter is accurate and complete to the best of my knowledge.

Signature*

Authorized Signature

Date*

Date Signed

Printed Name*

Title/Position*

14. Client Acknowledgment (Optional)

This section is for the client to complete and return if acknowledgment was requested.

☐ I acknowledge receipt of this File Closing Letter and understand its contents

Client Signature

Signature

Date

Date Signed

Printed Name

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