



Kansas' most trusted child care resource.

If you are interested in working with a Tax Educator through the Child Care Aware of Kansas Network Hub, complete this document in its entirety and email to [sharedservices@ks.childcareaware.org](mailto:sharedservices@ks.childcareaware.org). Incomplete applications will be returned to applicant.

Expect an email response from a Tax Educator within 3 business days. In peak tax time (spring), contact time could be up to 5 business days. You will be provided with information on the next steps in the process.

*Do not send any tax documents. You will work with the Tax Educator regarding what documentation is needed.*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State / Province: \_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

KDHE license number \_\_\_\_\_

Are you currently participating in the Links to Quality

program?  Yes  No

# Tax Coaching Agreement

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This Tax Coaching Agreement {"Agreement"} will serve as an agreement between Kansas Association of Child Care Resource and Referral Agencies DBA Child Care Aware of Kansas {hereinafter referred to as CCAKS) and \_\_\_\_\_ {hereinafter referred to as provider}.

For CCAKS to provide limited-scope tax coaching, the provider agrees to the following:

\_\_\_\_\_ 1. I understand that by registering for coaching, I acknowledge that the guidance and consultation I receive under this program does not constitute legal advice, tax advice, accounting advice, or financial investment or advisory services.

\_\_\_\_\_ 2. I understand that provider's participation under this Agreement is voluntary and agree that any information provider receives from CCAKS under this Agreement is for educational purposes only. I understand and agree that provider is responsible for engaging the services of a tax and/or legal professional before making any final decisions as it relates to provider's taxes.

\_\_\_\_\_ 3. In consideration for receiving educational information under this Agreement, provider explicitly and unequivocally waives, releases and forever discharges CCAKS, its successors, board of directors, officers, directors, agents, and employees from any and all actions, causes of action, claims, demands, costs, liabilities, expenses, and damages {including, but not limited to attorney fees, taxes, penalties, and interest) regarding services performed or materials prepared in connection with this Agreement.

I have read, initialed, and agree to the above statements as written.

Child care facility name: \_\_\_\_\_ License facility number: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Full mailing address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_