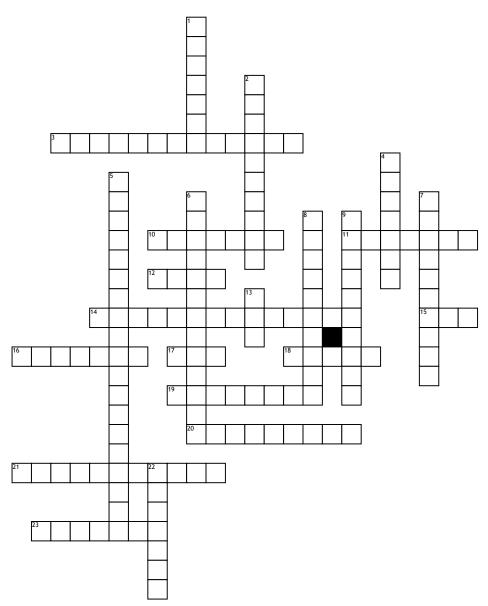
Name: ______ Date: _____

Title



Across

- 3. Small business
- 10. Service
- 11. Clients
- **12.** Tax
- 14. TaxPreparation
- 15. income
- 16. success
- **17.** Tax

- 18. audit
- 19. personal
- 20. tax refund
- 21. bookkeeping
- 23. advisor

Down

- 1. savings
- 2. Experience
- 4. quality

- **5.** Financial Statements
- 6. enrolled agent
- 7. consulting
- 8. individual
- 9. accounting
- **13.** IRS
- 22. Payroll