





## Jennings—TaxSpeaker Federal Tax Update— Business Seminar

Friday October 27, 2023

Double Tree Suites by Hilton 640 Fountain Rd. Plymouth Meeting, PA 19462 Hotel Phone: 610-834-8300

Registration: 7:30 am CPE: 8:00 am-4:00 pm 8 hours Federal Tax credits

Also qualifies for 7 Hours CLE credits for Attorneys

PSTAP is an approved continuing professional education sponsor. PA #PX-000501L, NJ #20CE0015920, NY #002280, IRS CE #E3S5R

Speaker: Bill Leonard, CPA, MAFF, CGMA

**Course Description:** Many firms wish to attend an annual update that covers all of the changes that affect business entities in the current year, as well as detailed analyses of how the new tax laws will affect your business tax clients. Kept up to date through the day before the class, this class will include the latest modifications from Congress as well as other relevant IRS Notices, announcements, ruling and court cases for corporations, S corporations and entities taxed as partnerships and discussion of common compliance issues encountered during tax preparation season.

- Registration fee includes seminar workbook, continental breakfast, lunch & refreshment breaks
- REGISTER Online: www.pstapcpe.com Mail: PSTAP, 150 Corporate Center Dr., Ste. 205, Camp Hill, PA 17011 or fax to: 717-614-8663
- Seminar Confirmations—Sent upon registration, via email only—please provide your email address below
- Questions? Contact PSTAP Executive Office at 1-800-270-3352 or by email at info@pstap.org
- Refund Policy: Cancellations received by 10/21/23 will be refunded less a \$40 service fee. No Show—No Refund—No Exceptions.

Farly Bird: Member's Only Special (Postmarked on or before Oct. 1, 2023): PSTAP Member: \$245

• Overnight Accommodations: Call the Double Tree at 610-834-8300

Regular Rate: (Postmarked on or after Oct. 2, 2023): PSTAP Member: \$290 Non-Member: \$340 Please include additional \$10.50 for CLE									
Registration Form: (one form per registration—photocopy for additional				I registrants)	gistrants) REGISTRATION DEADLINE: 10/21				
First Name	MI	Last							
Firm:				Phone: (	)				_
Street Address			City			State	Zip		_
Email Address				License Number	—CPA/PA—Required				
Amount Enclosed:	:								
☐ Check Enclosed	—Payable to PST	AP—Mailed to the	above address						
□ VISA	Acct #						Exp:	CVV:	
□ MASTERCARD Acct #							_ Exp:	CVV:	
Signatu	ıre:						_		