

RECEIPT

NOTE:

SEND HARD COPY _____

www.intervisionsltd.com

INTERVISIONS2, LLC.

2600 E. 78th Street

OFFICE:(773) 375-8902 FAX:(773) 375-9652

Chicago, IL 60649

E-MAIL= INTERVISIONS@AMERITECH.NET

COMPLETE __ DATE _____

EMAILED __ DATE _____

MAILED __ DATE _____

OFFICE DIS __ DATE _____

PACKAGE __ DATE _____

Part I

REFERRED BY: _____

CHECK ONE:

- _____ Refund Transfer - Refund in the bank or check 8-21 days - Prep Fees deducted from refund.
- _____ Direct Deposit - Refund in the bank 8-21 days - Pay Prep Fees at the time of tax preparation.
- _____ Mail - Receive refund check in mail 21 days -Prep Fees paid at time of tax preparation.
- _____ Preparation Only - Prep Fee paid at time of preparation
- _____ Refund Advance Loan Requested \$250.00 - \$7000.00
(Clients with earned Income credit or child tax credit may have delay in receiving refund.)

Site ID# _____

* PIN #: _____

PIN #: _____

Taxpayer Name: _____ Social Security #: _____

Part II

_____ Preparation Fee
 (_____) Discount
 _____ Bank
 _____ State
 _____ Total Fee
 _____ Less Deposit
 _____ Net Fee Due

BANK FEE

Refund Advantage processing fee:

Federal \$ 39.95

State \$ 14.00

Refund Advantage Advances:

No Finance Charge for advance amounts = \$250.00 to \$1000.00

Finance Charge: 36% assessed on \$1250.00 to \$ 7000.00 dollars

_____ Total Anticipated Refund or Balance Due

_____ Net Anticipated Refund

_____ Minus - Refund Advance Loan Credit Card # _____

_____ Net Refund After Loan and Net Fees/ Estimated delivery Date _____

_____ 1st State Refund _____ or _____ Balance Due by April 15, 2025

_____ 2nd State _____ (If Balance due Mail check with state voucher included with copies)

Part III

Taxpayer Signature: _____ Spouse: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Nearest Relative: _____ Address: _____ Phone: _____

Part IV

All question concerning income tax return processing must be directed to INTERVISIONS2, LLC. (773) 375-8902

If taxpayer is not eligible to receive the Refund Transfer, all fees are due immediately.

I/WE REQUEST MY/OUR REFUND BE PLACED IN THE BANK ACCOUNT BELOW. I/We are signer(s) on the account. As Follows below:

ROUTING NUMBER	ACCOUNT #	CHECKING	SAVINGS	INITIALS
_____	_____	_____	_____	_____

BANK NAME: _____

Taxpayer Signature _____ Spouse: _____ DATE: _____