



# Your Tax Solution

## ORDER FORM

Check box if new address      Date \_\_\_\_\_

Account # \_\_\_\_\_ PO # \_\_\_\_\_ Placed by \_\_\_\_\_

Customer Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**"Ship To" Location** (If different from Billing Address)

Company Name \_\_\_\_\_

Attn/PO # \_\_\_\_\_

Street \_\_\_\_\_

Suite, Floor, Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Stock Forms, Envelopes and Software

Quantity      Form Number and Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Imprinted Forms

Quantity      Form Number and Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Add Software

- TFP 20.18      11014       LaserLink 20.18
- 2018 ACA      14035       2018 LaserLink XL

### Special Instructions/ Ship Via:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Imprint Information: Please type or print clearly

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Federal ID # \_\_\_\_\_

State ID # \_\_\_\_\_

State Abbr. (from W-2 box 15 only) \_\_\_\_\_

Phone \_\_\_\_\_

Calendar Year (if required) \_\_\_\_\_