

Agent Code

Tarmras Rapid Tax Prep & Services LLC

STIEP 1 Applicant Information

Referred By

| 2. Social Security number/Tax ID Number | | 3. Date of b | pirth (mm/dd/yyyy) | 4. Sex Male ☐ Female ☐ | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|---------------------------------------|---------------------------------------------------|------------------------------|
| . Home address | | <u> </u> | | | 6. Apartment or suite number |
| 7. City | | 8. State | 8. State 9. ZIP | | 10. County |
| . Phone number | □Home □Work | 12. Email Ad | ldress | | |
| . Date Available | 14. Position | Applied for | 15. Are you a U.S C | no, are you authorized to in the U.S.? Yes ☐ No ☐ | |
| 7. Have you ever worked for the solution of t | this company? 18. | . If yes, when? | 19. Have you ever If yes, explain: | been convicted o | f a felony? Yes □ No □ |
| STEP 2 Education | | | | | |
| School | | 2. City/Stat | 2. City/State | | 3. From: To: |
| . Did you graduate? Yes No | | 5. Degree | 5. Degree | | |
| STEP 3 Reference; | list 1 professiona | l reference | | | |
| Full Name | | 2. Relations | ship | 3. Company | |
| . Phone number | | 5. Address | | | |
| STEP 4 Previous E | mployment | | | | |
| Company | | 2. Phone no | umber | 3. Address | |
| | 5. Job Title | 6. Starting | Salary/Ending Salary | 7. Responsib | ilities |
| . Supervisor | | | | | |
| I. Supervisor B. From: To: | 9. Reason for leav | ving? | | | |
| 3. From: To: | | ring? | | | |
| B. From: To: | | ring? To: | 3. Rank at [| Discharge: | 4. Type of Discharge |



Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| | Name (as shown on your income tax return) | | | | |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|
| ige 2. | Business name/disregarded entity name, if different from above | | | | |
| oe ons on page | Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership 1 | rust/estate | | | |
| Print or type Specific Instructions | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Other (see instructions) ▶ | | | | |
| _ iệ | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) | | | |
| See Spe | City, state, and ZIP code List account number(s) here (optional) | | | | |
| | | | | | |
| Par | t I Taxpayer Identification Number (TIN) | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name given on the "Name" | | | | |
| reside entitie | id backup withholding. For individuals, this is your social security number (SSN). However, fo nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> | | | | |
| | n page 3. | Employer identification number | | | |
| | If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter. | - Inprover identification number | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Signature of U.S. person ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or

Date ▶

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Payment Form

Tarmras Rapid Tax Prep & Services LLC offers two forms of Payment: Direct Deposit/Wire or Check. Please indicate the form of payment elected by checking the box.

I hereby authorize Tarmras Rapid Tax Prep & Services LLC to deposit any amounts owed, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I

□ DIRECT DEPOSIT

| to my account. In the event | that <mark>Tarmras Rapid Tax Press Rapid Tax Prep & Services</mark> | es indicated by Tarmras Rapidep & Services LLC deposits fur LLC to debit my account for | ds erroneously into my |
|--------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|
| (Please fill in each box) | | | |
| Name of Bank | Bank Routing/Transit | Account Number | Checking or Savings |
| Billing Address associated wire State: | th Bank Account: Address: Zip Code: | | · |
| □ CHECK | madove | | |
| I hereby authorize Tarmras owed to the following addre | | LLC to mail any amounts | |
| | | | |
| Name | Address | City/State | Zip Code |
| Name: | | Agent (| Code: |
| Signature | | _ | |



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Tarmras Rapid Tax Prep & Services LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

| I | autho | rize <mark>Tarmras Ra</mark> p | id Tax Prep & | Services LLC to charge my c |
|-----------------------------|-----------|--------------------------------|---------------|-----------------------------|
| | | | | |
| account indicated below for | r(amount) | _ on or after | (date) | This payment is for |
| | | | (date) | |
| (description of goods/ | services) | , | | |
| Billing Address | | | Phone# | |
| City, State, Zip | | | Email | |
| count Types • • Vice | O MastarC | and 0.00 | AEV A D | |
| count Type: O Visa | • MasterC | ard OAI | iex O Di | scover |
| | | | | |
| dholder Name | | | | |
| | | | | |
| ount Number | | | | _ |
| | | | | _ |
| ount Number | | | | |

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.