REFUNDS AND TAX PAYMENT AUTHORIZATION

Acceptance by client constitutes a mutual understanding and agreement with all terms & engagement of Hellman & Associates, LLC (the "Firm" or "EA")
We will not pay your tax balance or direct your refund without signed authorization on file

CLIENT NAME(S): _____ **TAX YEAR:** _____

All tax returns will be e-filed unless for technical reasons we are unable to, or you have opted out. **Please check all the boxes that apply in items 1-6:**

1. OVERPAYMENTS
☐Apply $_____ or ☐ **all** of my overpayment to next year's estimated tax, beginning with the ☐**1st**☐**2nd**☐**3rd**☐**4th installment.**
☐I prefer to receive a refund
☐Please schedule automatic payments of my estimated taxes. (You are responsible for funding your account by withdrawal dates)

2. REFUNDS
☐I want the IRS and State to deposit my refund directly into my bank account. **See Item 4 below.**
☐No, I prefer to receive a check.

3. BALANCE DUE
☐Yes, I want to authorize Hellman & Associates, LLC to pay my taxes via electronic funds withdrawal from the **bank account provided in Item 4** on transmittal day (1-3 days after we received your signed documents). We are not responsible for overdrafts due to insufficient funds to pay your balance due. Please be sure the account is funded prior to authorization.
☐No, I don't want to. I will pay by check with a voucher, or ☐ I will pay online at www.irs.gov/payments/direct-pay

4. BANKING INFORMATION (FOR REFUNDS & BALANCE DUE)
Refunds may be deposited into 1 or 2 accounts, or 1 account and 1 IRA

ACCOUNT 1

BANK NAME
ACCOUNT NUMBER
ROUTING NUMBER

☐CHECKING ☐SAVINGS

ACCOUNT 2

BANK NAME
ACCOUNT NUMBER
ROUTING NUMBER

☐CHECKING ☐SAVINGS ☐Filing Year IRA Contribution ☐Due Date Year IRA Contribution

5. IDENTIFICATION
As an additional means of validating a taxpayer's identification, AZ, AR, CA, CO, KS, NM, NY, OH, VT, WI require driver license or state identification on state returns. Failure to provide this info will cause delays in processing refunds.
☐Yes, I have a driver license or state identification card

TAXPAYER		**SPOUSE**	
STATE	ID NUMBER	STATE	ID NUMBER
EXP	ISSUE DATE	EXP	ISSUE DATE
DOC NUMBER (NY ONLY)		DOC NUMBER (NY ONLY)	

☐No, I do not have a driver license or state identification card (minor, foreign-resident, etc.)

6. PAYMENT FOR TAX PREPARATION
All fees must be paid prior to e-filing

☐ CREDIT CARD/STRIPE ☐ CHECK ☐ ZELLE (zack@taxpreptech.com) ☐ PAYPAL (zack@taxpreptech.com) ☐ CASH

_____ _____ _____ _____
CLIENT SIGNATURE DATE SPOUSE SIGNATURE DATE

_____ _____
PRINT CLIENT'S NAME PRINT SPOUSE'S NAME

Hellman & Associates, LLC
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