

CLIENT NAME

TELEPHONE NUMBER

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**DIRECT DEPOSIT INFO REQUIRED (even if used last year)**

Bank Name: \_\_\_\_\_



Checking

Routing Number: \_\_\_\_\_



Savings

Account Number: \_\_\_\_\_

Do you want any tax owed to be paid with this account?: (circle one)      YES      NO

What payment date do you prefer? If no date given and yes is circled, payment date will be 04/10/2025.

Date Preferred: \_\_\_\_\_ (must be after efiling)

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Client Signature

Date Signed