

Refunds and Payment Options

Your name(s) _____

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 1–5:

1. Overpayments

Please apply some/all of my refund to next year's estimated tax payments. 1ST 2ND 3RD ALL

I prefer to receive a refund. **If you checked the All box skip Step 2**

2. Faster Refunds

I want the IRS and State to deposit my refund directly into my bank account. See 4. below.

No, I prefer to receive a check.

3. Balance Due

If there were a balance due:

Yes, I want to pay my taxes via electronic funds withdrawal on Transmittal day (1–3 days after we receive your signed documents).

No, I don't want to. I will pay by check with a voucher or I will pay Online www.irs.gov/payments/direct-pay

4. Distribute your Federal Refund

(into 1, 2 or 3 accounts, or 2 accounts + 1 IRA)

Account 1. ____% BANK'S NAME > _____

BANK ROUTING NO. > [] [] [] [] [] [] [] [] [] []
(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)

BANK ACCOUNT NO. > []
CHECKING SAVINGS Please Initial

Account 2. ____% BANK'S NAME > _____

BANK ROUTING NO. > [] [] [] [] [] [] [] [] [] []
(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)

BANK ACCOUNT NO. > []
CHECKING SAVINGS

2023 IRA

2024 IRA

5. NEW

Identification No.

As an additional means of validating a taxpayer's identification, AL, AZ, 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 / state identification card:

Taxpayer State _____

Exp Date _____ ID Num _____

Issue Date _____ Doc Num (NY ONLY) _____

Spouse State _____

Exp Date _____ ID Num _____

Issue Date _____ Doc Num (NY ONLY) _____

No, I do not have a driver license / state identification card. (e.g. minor, foreign resident, etc.)

All fees must be paid prior to e-filing

CREDIT CARD

CHECK DATE SENT: _____

PAYPAL (Go to www.judakallus.com click "make a payment")

ZELLE (Use judakallus@aol.com)

CASH

X

SIGNATURE

PRINT NAME

CARD NUMBER

[] []

SECURITY CODE

[] [] [] []

EXP. DATE

[] [] [] []

BILLING ADDRESS FOR CREDIT CARD

SAME AS HOME

SAME AS BUSINESS

OTHER BILLING ADDRESS, PLEASE PROVIDE BELOW:

BILLING ADDRESS

CITY

STATE / ZIP