ROSS & ASSOCIATES®
TAX OFFICE
YOUR REMOTE ONLINE TAX PREPARATION EXPERTS

725.324.7787   725.755.4207   725.324.8598
affiliate@rossandassociates-taxoffice.com
rossandassociates-taxoffice.com
3172 N. Rainbow Blvd PMB 34263 Las Vegas, NV 89108

AFFILIATE INFORMATION

BUSINESS ADDRESS

Business Name:

Business Address:

City:

State:

Zip:

MAILING ADDRESS

Attention To:

Business Address:

City:

State:

Zip:

BUSINESS OWNER INFORMATION

EFIN #:

PTIN #:

Phone:

Alternate Phone:

Affiliate SNN:

Affiliate DOB:

Affiliate Driver License #:

Affiliate DL Issue State:

Affiliate DL Issue Date:

Affiliate DL Exp. Date:

All services are performed via remote online for your convenience

IRS REQUIREMENTS

PTIN - Anyone who prepares or assists in preparing federal tax returns for compensation must have a valid PTIN. Your PTIN must be active and in good standing with IRS at all times. By signing below, you (Affiliate) confirm that your PTIN is NOT under investigation by the IRS or any other authorities and or your PTIN is in any way connected with fraudulent activities.

EFIN - By signing below you (Affiliate) agree that the information provided above is true. You (Affiliate) agree that you have not been denied participation in the IRS e-file program, or suspended or expelled from participating in the IRS e-file program and agrees to adhere to all applicable requirements for participating in the IRS e-file program wherever published. (See, at minimum, Revenue Procedure 2007-40. IRS publications 3112, 1345 and circular 230.

AUDIT PROTECTION MARK UP

This is a third-party product that you (Affiliate) can add additional fees to. The cost of Audit Protection is $50, and you can add an additional $25 on top making the total cost $75. The add-on amount of $25 will be paid to you. Please select from the drop-down menu if you would like to add additional fees to the Audit Protection. ☐ Yes, Add $25

AFFILIATE'S QUESTIONS AND/OR COMMENTS

PLEASE SEND US YOUR QUESTIONS AND/OR ANY COMMENTS YOU MAY HAVE...

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ACH AUTHORIZATION FORM

TERM & CONDITION

I (we) hereby authorize ROSS & ASSOCIATES MBSP LLC D/B/A: ROSS & ASSOCIATES TAX OFFICE, R&A - ROSS & ASSOCIATES PRO TAX SOFTWARE SOLUTIONS hereinafter called COMPANY, to initiate debit or credit entries to my (our) bank Account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford.
COMPANY and DEPOSITORY a reasonable opportunity to act on it.
You (Affiliate) are responsible for providing accurate bank information. You (Affiliate) are also responsible for the loss of any funds if the information provided above is incorrect or invalid. We send funds to your bank account by way of ACH transfer. Please know, however, depending upon your bank's ACH policies and procedures, you may receive your deposit in one to three business days.

SHIPPING TERMS

By signing below, you (Affiliate) agree that the mailing address provided above is a location where you (affiliate) can receive shipments. (Mail or Packages) You (Affiliate) are responsible for collecting all shipments from the above address provided. If for any reason the shipment is misplaced or not received, then you (Affiliate) will be responsible for the cost of the reshipment.

OWNER INFORMATION

Name:

Address:

City: State: Zip:

Phone Number: Email:

BANK INFORMATION

Name:

Address:

All services are performed via remote online for your convenience

City:

State:

Zip:

Acount Number:

Routing Number:

Phone Number:

Email:

PLEASE ATTACH VOIDED CHECK

ATTACH HERE

PLEASE ATTACH VALID ID

ATTACH HERE

Signature:

Print Name:

Month:

Day:

Year:

Time:

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