## **Refunds and Payment Options**

	□ Your name(s)	
	All tax returns will be e-filed unless for tech Please check all the boxes that apply in	nnical reasons we are unable to, or you have opted out. items 1-5:
Overpayments	☐ Please apply some/all of my refund to ne: ☐ I prefer to receive a refund.	
aster Refunds	☐ I want the IRS and State to deposit my refund directly into my bank account. See <b>4.</b> below. ☐ No, I prefer to receive a check.	
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/directions.	
ederal Refund (into 1, 2 or 3 accounts, or 2 accounts + 1 IRA)	Account 1% BANK'S NAME > BANK ROUTING NO. > BANK ACCOUNT NO. >	(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)  CHECKING SAVINGS  Please Initial
	Account 2% BANK'S NAME > - BANK ROUTING NO. > BANK ACCOUNT NO. >	(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)
IEW	NY, OH, VT, WI require driver license or st	checking savings  payer's identification, AL, AZ, CA, CO, KS, NM, tate identification on state returns. Failure to
Identification No.	yes, I have a driver license / state identification  Taxpayer State	fication card:
	Exp Date   ID Num	
. Fee Payment for Tax Preparation	All fees must be paid prior to e-filing	dentification card. (e.g. minor, foreign resident, etc.)  SECURITY CODE EXP. DAT
	CREDIT CARD  CHECK DATE SENT:  PAYPAL (Go to www.judakallus.com click "make a payment")  ZELLE (Use judakallus@aol.com)  CASH	BILLING ADDRESS FOR CREDIT CARD  SAME AS HOME  SAME AS BUSINESS  OTHER BILLING ADDRESS, PLEASE PROVIDE BELOW:
	X SIGNATURE	BILLING ADDRESS
_	PRINT NAME	CITY STATE / ZIP