Your name(s)➤ _____

Refunds and Payment Options

All tax returns will be e-filed unless we are unable to do so for technical reasons or you have opted out.
Please check all the boxes that apply in items 1–5:

1. Refunds

❑ Please apply some/all of my refund to next year's estimated tax payments. 1ST ❑ 2ND ❑ 3RD ❑ ALL ❑
❑ No, I don't want my refund applied, I prefer to receive it.

2. Faster Refunds (with Direct Deposit)

❑ Yes, I want the IRS and State to deposit my refund directly into my bank account. See below.
❑ **NYS taxpayers only:** I prefer to receive my refund on a debit card.
For more information logon to: http://www.tax.ny.gov/press/rel/2011/prepaidcard120211.htm
❑ No, I don't want to, I prefer to receive a check.

3. Balance Due (with Electronic funds withdrawal)

❑ Yes, I want to pay my tax due on the day I choose (**default: date of transmission to IRS**), regardless of when I file my return.

Date to pay, if other than default date = M M D D **1 2**

❑ No, I don't want to. I will pay by check and a voucher.

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

Account 3. ___%
BANK'S NAME > _____
BANK ROUTING NO. > | | | | | | | | | |
(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)
BANK ACCOUNT NO. > | | | | | | | | | | | | | | | | |
❑ **2011 IRA**
❑ CHECKING ❑ SAVINGS

For State Tax refund please choose one of the above: ACCOUNT # ❑ **1** ❑ **2** or ❑ **3** (NOT AN IRA)

5. Fee Payment for Tax Preparation

All fees must be paid prior to e-filing

❑ CREDIT CARD
❑ CHECK DATE SENT: ___/___/___
❑ CASH

CARD NUMBER | | | | | | | | | | | | | | | | |
EXP. DATE | | | |

SECURITY CODE | | | |

BILLING ADDRESS FOR CREDIT CARD

❑ SAME AS HOME
❑ SAME AS BUSINESS
❑ OTHER BILLING ADDRESS, PLEASE PROVIDE BELOW:

✗ _____
SIGNATURE

_____
PRINT NAME

_____
BILLING ADDRESS

_____
CITY STATE / ZIP

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