

# Additional Services Form

Client Name \_\_\_\_\_

Client SS# \_\_\_\_\_

Client Phone # \_\_\_\_\_

Client Email Address or Fax # \_\_\_\_\_

Store Location Name \_\_\_\_\_

Store Location Phone# \_\_\_\_\_

**\$69.00 Amended Federal Return**

**\$29.00 Amended State Return**

What are we changing? (Please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\$129.00 Prior Year Return (per year)**

What year(s)? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\$49.00 State Return (per state)**

What state(s)? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Payment Information:

Credit/Debit Acct# \_\_\_\_\_

Exp Date \_\_\_\_\_

Billing Address \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

( cont.) \_\_\_\_\_

Tax Payer Signature \_\_\_\_\_

Please fax this form, along with any tax related document(s) to (813) 983-0187  
or email to [trs@taxrefundsolutions.com](mailto:trs@taxrefundsolutions.com)