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## AFFILIATE INFORMATION

BUSINESS ADDRESS		
Business Name:		
Business Address:		
Business / (duness.		
City:	State:	Zip:
MAILING ADDRESS		
Attention To:		
Business Address:		
Dusifiess Address.		
City:	State:	Zip:
BUSINESS OWNER INFORMATION		
EFIN #:	PTIN #:	
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Phone:	Alternate Phone:	
Affiliate SNN:	Affiliate DOB:	
Affiliate Driver License #:	Affiliate DL Issue State:	
Affiliate DL Issue Date:	Affiliate DL Exp. Date:	

## **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.

	AARK 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	