UNLIMITED TAXES & MORE, INC.®
"THE AFFORDABLE PROFESSIONAL ALTERNATIVE"

TAXPAYER CHECK REQUEST

Taxpayer Name(s):			Date:
Social Security Number (Primary if MFJ):			
Taxpayer's Address: Street Address -			
City:	State:		Zip:
Home #:	Work #:		Cell #:
Tax Preparer Affiliate Name:		Prep ID #:	Office #:

Type of Check Request:

☐ Overcharge ☐ Full Refund ☐ Partial Fee Refund ☐ Interest / Penalty Payment

Provide reason for Check Request:

Gift certificate necessary for next year in order to retain Taxpayer? ☐ **Yes** ☐ **No**

If yes, amount suggested: $

Name of person requesting this check:

Signature of person requesting this check:

To be Completed by the Corporate Office

Name of person authorizing this check:

Signature of authorizing person:

Date presented to the Accounting Department for payment:

TAXPAYER CHECK ISSUED

Office #:	Tax Preparer Affiliate Name:	
Taxpayer Name:		
Social Security Number (Primary if MFJ):		
Amount of Payment:	Date of Payment:	Check #:
Gift Certified Issued: ☐ Yes ☐ No	Amount of Gift Certificate: $	
Date check was mailed:	Date Taxpayer picked up the check:	

Copies of this Taxpayer Check Request should be distributed to all of the following once resolved.

1. **Tax Preparer Affiliate**
2. **Office Manager**
3. **Tax Preparer Affiliate's File**
4. **Master File**

*******STAPLE ORIGINAL ON FRONT OF RETURN*******