

TAX RESOURCES Inc. Membership Application

Section A – Personal Membership

Covers Form 1040 and all related schedules including Sole Proprietorship Schedule C

Name _____

Social Security # ____ - ____ - _____

Spouse's Name _____

Social Security # ____ - ____ - _____

Street Address _____

City _____ State ____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Fax (____) _____ E-Mail _____

Profession _____

Section B – Business Membership

Business Name _____

Federal Tax ID# ____ - ____ - _____

Gross Sales in excess of 5 million dollars – Call for Price
Publicly traded companies excluded from membership.

Form of Entity - Check one:

____ Corporation (or LLC) - 1120 ____ Partnership (or LLC) – 1065 ____ Trust –1041

____ Professional S Corporation – 1120S

Continued on the next page – Referred by #1134

Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____

Work Phone (_____) _____ Ext _____ Fax (_____) _____

Membership Type - Check one:

_____ Personal Membership Only (Complete only Section A) for \$295.00

_____ Business Membership Only (Complete only Section A) for \$395.00

_____ Personal and Business Combination (Complete both Sections A and B) for \$595.00

*** 3 Ways to Pay Your Membership Enrollment Fee ***

- 1. Mail this form with your check to : TRI, P.O. Box 2767,
Battleground, WA 98604-2767**

Make Check Payable to **TRI**

Check Number _____ Amount Paid _____ Check Date _____

- 2. Fax this form with your credit card number to TRI at 1-800-838-9114**

___ Amex (15 digits) ___ Discover (16 Digits)

___ Master Card (16 Digits) ___ Visa (13 or 16 digits)

Credit Card Number _____

Expiration Date _____ Charge Amount _____

Signature for credit card payment _____

- 3. Call TRI at 1-800-922-8348 for immediate phone enrollment by credit card.**

Referred by #1134

Upon Acceptance of this application, TaxResources, Inc. agrees to defend the applicant(s) in the event the IRS or State contacts the applicant for any income tax audit for any tax year. The notice of audit must be subsequent to the date of acceptance by TaxResources, Inc. This commitment expires twelve months from the date of acceptance. You may cancel this plan for any reason within 30 days of acceptance and receive a full refund. Please allow 2 – 4 weeks for receipt of your membership agreement. Prices effective through 12/31/00. (Rev 03/07/00)

