

FEDERAL TAX PAYMENT AUTHORIZATION FORM



HOUSEHOLD EMPLOYER CONTACT INFORMATION:

Please provide the full legal name of the employer (as it appears on your income tax return)

Mr. First Name _____ M.I. _____ Last Name _____ Date of Birth _____
 Mrs. _____ Social Security Number _____
 Ms. _____

Address where work will be performed _____ Apt. _____ City _____ State _____ Zip Code _____

Home Phone _____ Last Tax Return Year Filed _____

Tax Return Filing Status (Select One):

Single (Go to Section 3)
 Married filing jointly (Complete Section 2)
 Married filing jointly (Complete Section 2)

SECTION 2: SPOUSE CONTACT INFORMATION (if filing joint tax return):

Mr. First Name _____ M.I. _____ Last Name _____ Date of Birth _____
 Mrs. _____ Social Security Number _____
 Ms. _____

SECTION 3: AUTHORIZED REPRESENTATIVE CONTACT INFORMATION:

Mr. First Name _____ M.I. _____ Last Name _____ Social Security Number _____
 Mrs. _____
 Ms. _____

Address _____ Apt. _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

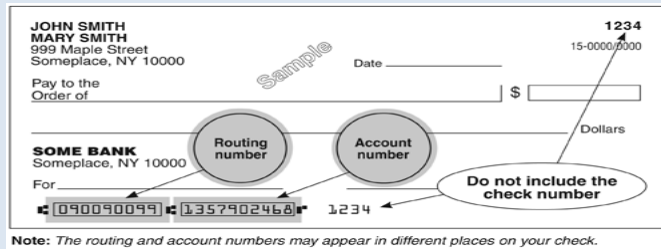
SECTION 4: TAXPAYER ELECTRONIC PAYMENT INFORMATION:

Bank Routing Number (9 Digits):

Bank Account Number:

Please attach a voided copy of check with paperwork submission.

CHECK HERE TO USE PAYROLL BANK ACCOUNT INFORMATION ALREADY ON FILE



Check One Box:

Checking Account
 Savings Account

SECTION 5: ELECTRONIC FUNDS AUTHORIZATION:

I hereby authorize Redlig Financial Services Inc. to initiate electronic funds transfer of 1040-ES tax payments on April 15, June 15, September 15, and January 15, for the total of the actual quarterly household employer tax liability. Redlig Financial Services Inc. does not assume any responsibility for any fees or bank charges/penalties that occur as a result of insufficient funds in the bank account provided above.

X _____
 Authorized Signature _____ Date _____ Printed Name _____

If signatory is someone other than the taxpayer, please provide relationship and authorization: _____