



FIRM INFORMATION: (If you have moved within the last two years, please attach you previous address.)

Name of Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Electronic Filer Identification Number (EFIN Valid for 2011): \_\_\_\_ \_

**Must include copy of acceptance letter from IRS containing EFIN.**

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your preparer fees will be direct deposited into this account:

Bank Name: \_\_\_\_\_ Type of Account:  Checking  Savings

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

After Season Address (if applicable): \_\_\_\_\_ End of Season Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**ORGANIZATION INFORMATION**

Check One:  Corporation                      Number of Offices \_\_\_\_\_

Partnership                                      Years at address \_\_\_\_\_

Proprietorship                                  Years at business \_\_\_\_\_

Years of Tax Preparation Experience \_\_\_\_\_

Number of checks you will need for the season \_\_\_\_\_

Total Number of QIK (RAC) Products \_\_\_\_\_



# CITIZENS BANK

*Moving You Ahead*

## BANKING REFERENCES

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Contact **Required:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

## BANKING REFERENCES

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Bank Contact **Required:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## OWNERSHIP INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If your business has more than two owners, list additional information on a separate sheet. All owners must sign the application.**

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Has anyone associated with this firm been assessed preparer penalties? YES  NO

Has anyone associate with this firm been convicted of any offense under  
US Revenue Laws? YES  NO

Has anyone associate with this firm been barred from practice before the  
IRS or the US Tax Court? YES  NO



## APPLICATION INSTRUCTIONS AND AUTHORIZATION

Please fill out this application completely and accurately. **Please be sure to attach a legible copy of a driver's license or government issued photo identification for anyone acknowledged in the Ownership Information section. Also, please be sure to attach a copy of an EFIN IRS acceptance letter to this application. Applications that are submitted without being properly completed, not having sufficient bank references, or without the required documentation will be rejected.**

List the firm's Federal Tax Identification Number (EIN or your SSN) along with your Electronic Filer Identification Number (EFIN) on page one. A separate bank application must be completed for each EFIN and/or Sub EFIN for which you will be transmitting. **You must have a valid EFIN for the upcoming tax year before you apply.** Please supply a contact person to Citizens Bank in the event that questions should arise. Include both the street address and the post office box (if applicable).

If you are a partnership or a corporation, Citizens Bank must know the names of all active principles, partners, or stockholders. They will be asked to guarantee that the applying firm will comply with all the provisions of the contract.

By signing and executing this application, you are hereby granting Citizens Bank the authority to check all bank references, personal credit histories, criminal backgrounds, and to verify any and all other information provided on this application. Any information that you may be able to provide to expedite the review process will be appreciated. You will be notified of acceptance or denial no later than ten (10) working days from the receipt of this application by Citizens Bank.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Mail or Fax completed application to:

ATLAS Financial Services  
205 Enterprise Drive  
Pekin, IL 61554  
Phone: 877.305.8775  
Fax: 309.478.7911

### APPLICATION CHECKLIST

Have you included a legible copy of any owner's driver's license or government issued photo ID? YES

Have you included a copy of the EFIN IRS acceptance letter with the application? YES