

# TAX FORCE ASSOCIATE APPLICATION FORM

To follow through on your interest in making money during the tax season, fill out this form. (Please answer all questions. Fill in all blanks or put N/A where the information is Not Applicable to you.) If extra space is needed for your information, use the back of the form.

*(PLEASE PRINT CLEARLY)*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONES: Home; \_\_\_\_\_ Work; \_\_\_\_\_ Cell;  
\_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(needed for 1099 payments)

OCCUPATION? \_\_\_\_\_

EMPLOYER? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

CURRENT INCOME: (circle one)

(A) less than \$ 25,000

(B) \$ 25,000 - \$ 50,000

C \$ 50,000 - \$ 75,000

(D) Greater than \$ 75,000

ACCESS TO INTERNET? [ ] YES; [ ] NO / E-MAIL ADDRESS?  
\_\_\_\_\_

DO YOU HAVE A FAX? [ ] YES; [ ] NO / FAX NUMBER?  
\_\_\_\_\_

Questionnaire

1. What is your income goals in pursuing a Tax Force license?  
\_\_\_\_\_

2. What is your expectations on reaching them? Circle one:

1 year 2 years

3 years

4 years

5 years

3. Which of our additional income opportunities are you most interested in after tax season?
- A. Death & Taxes Module (insurance license required)
  - B. Payroll & Accounting Module II
  - C. Check Collect
  - D. Master Licensee Module III

4. Have you been in business for yourself? Please explain.

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5. Will you open an office your first year? Yes NO  
If not, at what point will you open an office?  
After 2<sup>nd</sup> year?  
After 3<sup>rd</sup> year?

IF YOU HAVE ANY TAX EXPERIENCE, DESCRIBE: (It is not required)

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IF YOU HAVE ANY SALES EXPERIENCE, DESCRIBE: (It is not required)

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SIGNATURE \_\_\_\_\_

**Next Steps:**

5. Sign this application and mail or fax back to Tax Force.
6. Arrange phone interview to assess what Module you will be pursuing and discuss fees.
7. Obtain Licensee Agreement. Sign both copies and mail back. Send arranged fees.
8. Set date for training in Memphis upon acceptance of Licensee Agreement.

MAIL THIS FORM TO:

**Tax Force, Inc.**  
**4384 Stage Road - Suite 220**  
**Memphis, TN 38128**  
**901-377-0898**

QUESTIONS? CALL:  
**(901) 377-8528**

OR FAX TO: