

1040 What If Program

by Senior Tax Solutions, LLC

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Annual Fee ~~\$499~~

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A.F.E.A \$199

Date: _____

Members Name (Individuals Only) _____

Email: _____
The Program will be sent to this Email Address. You need Excel 2007 or newer on computers using the program.

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Credit Card Information		
\$ _____ Amount	_____ Card #	_____ Exp Date
Check One	_____ Name as it appears on card	_____ Billing Zip Code
<input type="checkbox"/> Visa/Mastercard	_____ Card Holder Signature	_____ Security Code
<input type="checkbox"/> AMEX		
<input type="checkbox"/> Discover		

For Office Use Only Approved: _____ Date Sent: _____