IAC Tax Service LLC

Tax Professional Application

1) Contact Information

Full Name: _____

Phone: _____

Email: _____

City/State: _____

☐ **Phone** ☐ **Text** ☐ **Email** **Preferred Contact Method**

2) Eligibility & Credentials

Do you have a current PTIN? ☐ **Yes** ☐ **No**

PTIN: _____ **Exp:** _____

☐ **Own EFIN** ☐ **Need firm access** ☐ **N/A**

☐ **Right to work in U.S.** ☐ **Background check ok**

3) Experience Snapshot

☐ **0** ☐ **1** ☐ **2–3** ☐ **4+** **Seasons of tax prep experience**

Prior firms: _____

Software used: _____

4) Availability & Work Setup

☐ **Weekdays** ☐ **Evenings** ☐ **Weekends** **(Jan–Apr)**

☐ **As needed** ☐ **Part■time** ☐ **Full■time** **(May–Dec)**

☐ **In■office** ☐ **Remote** ☐ **Hybrid**

Start date available: _____ ☐ **Reliable internet & computer**

5) Compliance & Training

☐ **Can complete training** ☐ **Follow WISP procedures**

6) Earnings & Clients

☐ **1099 Contract Role**

☐ **Own Clients** ☐ **Build New** ☐ **Both**

☐ **0–25** ☐ **26–75** ☐ **76–150** ☐ **150+** **Estimated Clients**

Signature: _____ Date: _____