



Next World Communications

TAX PREPARER NET BRANCH APPLICATION



We appreciate your interest in our tax preparer package program and look forward to speaking with you soon regarding your application.

The information provided will assist us in making a decision regarding your qualification based on our business model.

Complete and/or submission of this application does not imply obligation of either party.

Please fax or email the complete application to:

NEXT WORLD COMMUNICATION

TEL: 877-331-0757

FAX: 424-254-1362

INFO@NEXTWORLDCOMMUNICATION.COM



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TAX PREPARER APPLICATION

Instructions: Please print clearly each owner of a legal entity (corporation, limited liability company, partnership, or other type of entity) should complete an application. Please answer all questions completely. Thank you!

PERSONAL INFORMATION

Last Name	First Name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Line 1)	Address (Line 2)	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Cell Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Best time to contact you?	Spouse's Name (if applicable)	Spouse Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

High School	City/State	Did you graduate?
<input type="text"/>	<input type="text"/>	<input type="text"/>
College/University	City/State	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other		Degree/Certification
<input type="text"/>		<input type="text"/>
Tax Preparation Training (if applicable)		
<input type="text"/>		

PERSONAL EXPERIENCE (Begin with most recent)

Employer	Phone Number	
<input type="text"/>	<input type="text"/>	
Position Held	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Line 1)	Address (Line 2)	
<input type="text"/>	<input type="text"/>	

City State Zip

Brief Description of Responsibilities

Employer

Phone Number

Position Held

From

To

Address (Line 1)

Address (Line 2)

City

State

Zip

Brief Description of Responsibilities

Have you ever or Do you currently own your business or tax preparation firm?
If yes, what type and describe responsibilities/experience?

What are your financial goals in partnering with NEXT WORLD COMMUNICATIONS?

What other reasons do you want to partner with NEXT WORLD COMMUNICATIONS?

GEOGRAPHIC INFORMATION

Where would you like to open a NEXT WORLD COMMUNICATION office?

First Choice	City	State
Second Choice	City	State
Third Choice	City	State

PACKAGE INFORMATION

Items		Initials
Software & Bank Products		
Software, Bank Products & Filing Service		
Print Media Library		
Video, Audio Media Library		
Individualized Website		
Next World Authorized Agent		
Other		
TOTAL		

Credit Card#	Expiration Date	CCV
Address		
Street	City	State
		Zipcode

APPLICANT SIGNATURE

Neither the submission of this application nor anything contained in this application shall be deemed to obligate NWC to offer or sell a franchise to you or to otherwise commit or bind NWC enter into any contractual or other relationship with you. The granting of franchise rights is at the sole description of NWC and will be accomplished, if at all, only by execution of a Franchise Agreement by NWC and you.

By signing below, you warrant that all the information submitted in connection with this application, including any financial statement attached to this Application is true and accurate as of the date below; and you agree to notify NWC of any material change in your personal, business or financial status while this application is pending.

Signature	Date (mm/dd/yyyy)



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ACH Authorization Form

DEBIT AUTHORIZATION FORM

I (we) hereby authorize NEXT WORLD COMMUNICATIONS to initiate entries to my (our) checking/savings accounts at the financial institution listed below, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until NEXT WORLD COMMUNICATIONS is notified by me (us) in writing to cancel it in such time as to afford NEXT WORLD COMMUNICATIONS and THE CURRENT, EXISTING CLIENT'S, VENDOR'S, MERCHANT'S, AGENT'S FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Account holder Signature)

(Date)

(Account holder Name)

(Account Holder Address)

☐ Recurring Payment ☐ One Time Payment

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

12 123456789 12 1234567890123 12
Routing Number Account Number

Memo: Please Fax this form to 424-254-1362 or Email to info@nextcommunication.com