

**IMA & Associates, Inc**  
**Accounting/Tax Services**

**Refer A Friend**

**We will mail you a check for \$15.00 when we have processed and received payment for tax return for:**

**Referral's Name** \_\_\_\_\_  
**A person whose tax return was not previously prepared by  
IMA & Associates, Inc**

**Your Name:** \_\_\_\_\_

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

**Phone Number** \_\_\_\_\_

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Fax to 972-625-1440