

EXTENSION REQUEST

GENERAL INFORMATION

	TAXPAYER	SPOUSE
Name (As it Appears on Tax Return)		
Social Security Number		
Home Telephone Number		
Mobile Telephone Number		
Fax Telephone Number		
Street Address 1		
Street Address 2		
City, State and Zip Code		
Number of Dependents		

TAX INFORMATION

	TAXPAYER	SPOUSE
Income (W-2, 1099, MISC)		
Federal Tax Withheld		
State Tax Withheld		
Total Federal Estimated Payments		
Total State Estimated Payments		
Other Income (Rental)		
Other Income (Pension)		
Other Income (Sale of Stocks)		

Please Note: There will be a charge for filing your extension. You must provide a credit card number and expiration date so that we may file your extension electronically

Credit Card Number _____ Exp Date _____

Signature _____