

**2024 INCOME TAX RETURN
EXTENSION REQUEST**

DATE OF REQUEST: _____

Name: _____

Notes: _____

NEW CLIENTS ONLY

\$25 EXTENSION FEE

Can pay via card over the phone, emailed payment link, or check. *If sending a check, we will need it before the 15th.* This amount will be credited to the account and taken off the final bill when we complete their tax return.

CLIENT INFORMATION

Full Name: _____ Spouse's Name: _____

SSN: _____ SSN: _____

DOB: _____ DOB: _____

Occupation: _____ Occupation: _____

Address: _____

Phone Number(s): _____

Email Address: _____

DATE EXTENDED: _____