



Personal Extension Request

New Client

Existing Client

CLIENT:

Last Name: _____ First Name: _____

SPOUSE:

Last Name: _____ First Name: _____

ADDRESS:

Street Address

City

Zip Code

Phone Number

Email

Social Security Number:

Acknowledgement*

I understand that this is an extension of time to file and not an extension of time to pay taxes. If I anticipate a liability, I will send an estimated tax payment by the primary due date of the filings otherwise I may be subject to failure to pay penalty and interest assessed by the taxing authorities. I will contact TaxPlus if I need assistance determining potential and or liability with a request for estimated payment vouchers.

For new clients: I understand that there is a \$100 non-refundable TaxPlus extension fee which will be applied to my TaxPlus preparation fees.

I accept the terms and conditions.

Signature