REQUEST FOR TAX EXTENSION - DUE MARCH 2



After March 2 Extensions will be filed without Calculations

Date:

	Your Email to us	, IF YOU T	HINK YOU OWE, i	s Critical!	
From:	Cell:		Email:		
ALL DOCUMENTS	MUST BE SENT TO T	HE SECUF	RE PORTAL OR FAX	(EDDo Not Email Tax	x Documer
W-2 Wage Earners					
Name:					
ocial Security (Last 4 Digits):					
Name:					
Social Security (Last 4 D	gits):		# of W-2's		
ere your ITEMIZED DED	UCTIONS the SAME a	as Last Yea	r? Char	iges:	_
RGENT: IF YOU RECEIN	/ED A Code V Option	Sale on vo	nur W2 - 1000	1990 or EORECLOS	IIDE
ALL for a 1 Hr Phone Ap	•	-			0112
Self-Employed (Sch. C)	•	you u o	WE With your Exte		
			Namo		
Name: Gross Income (with 1099-Misc):\$					
Gross Income (with 1099	-Misc): \$		Gross Income (with 1099-Misc): _\$	
Gross Income (with 1099 Total Expenses: _\$	-Misc): \$		Gross Income (
Gross Income (with 1099 Total Expenses: _\$ Estimated Tax Payment	-Misc): \$ s You Paid		Gross Income (Total Expenses	with 1099-Misc): <u>\$</u>	
Gross Income (with 1099 Total Expenses: _\$	-Misc): \$		Gross Income (with 1099-Misc): _\$	
Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount	-Misc): \$ s You Paid		Gross Income (Total Expenses	with 1099-Misc): <u>\$</u>	
Gross Income (with 1099 Total Expenses: _\$ Estimated Tax Payment Fed Amount 4/15 6/15	-Misc): \$ s You Paid	9/15	Gross Income (Total Expenses	with 1099-Misc): <u>\$</u>	
Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount 4/15 6/15 K-1 (Partnerships)	s You Paid State Amount	9/15	Gross Income (Total Expenses: Fed Amount	state Amount	
Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount 4/15 6/15 K-1 (Partnerships) Name:	s You Paid State Amount	9/15 1/15 K-1:	Gross Income (Total Expenses: Fed Amount Pr	with 1099-Misc): <u>\$</u>	\$
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Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount 4/15 6/15 K-1 (Partnerships) Name: Pension Name: Name: Name:	State Amount	9/15 1/15 K-1: K-1:	Gross Income (Total Expenses: Fed Amount Pr	state Amount State Profit or Loss: ojected Profit or Loss: # of 1099-R's:	\$ \$
Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount 4/15 6/15 K-1 (Partnerships) Name: Pension Name: Name: Rental Property Income	State Amount	9/15 1/15 K-1: K-1:	Gross Income (Total Expenses: Fed Amount Pr Pr	with 1099-Misc):s State Amount ojected Profit or Loss: ojected Profit or Loss: # of 1099-R's: # of 1099-R's:	\$ \$
Gross Income (with 1099 Total Expenses: \$ Estimated Tax Payment Fed Amount 4/15 6/15 K-1 (Partnerships) Name: Pension Name: Name: Rental Property Income	State Amount	9/15 1/15 K-1: K-1:	Gross Income (Total Expenses: Fed Amount Pr Pr	with 1099-Misc):s State Amount ojected Profit or Loss: ojected Profit or Loss: # of 1099-R's: # of 1099-R's:	\$ \$

^{*}Tax Owing Checks Need to Arrive at our Office by April 2