



**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**