

C2 Tax & Payroll Associates

New Client Extension Request

(This form is for **new clients only**. Returning clients should call our office to request an extension.)

I am requesting an extension be filed on my behalf.

- Federal
- Pennsylvania Other States (List states to be extended) _____
- Local

I understand the following conditions:

- This extends the time to file my tax return only. Any taxes owed are due on April 15, 2025.
- If I don't pay taxes owed by April 15th, 2025, I could be assessed interest and penalties.
- A non-refundable deposit of \$50 is required before filing the extension. This amount will be credited toward your tax preparation invoice.

Identification

Taxpayer's Driver's License #: _____ State: _____

Issue Date: _____ Expiration Date: _____

Spouse's Driver's License #: _____ State: _____

Issue Date: _____ Expiration Date: _____

Taxpayer's Name: _____ Taxpayer's SSN: _____

Taxpayer's Birthdate: _____ Taxpayer's Occupation: _____

Spouse's Name: _____ Spouse's SSN: _____

Spouse's Date of Birth: _____ Spouse's Occupation: _____

Taxpayer's Email Address: _____ Taxpayer's Phone No. _____

Spouse's Email Address: _____ Spouse's Phone No. _____

Street Address: _____

City, State, Zip Code: _____

Taxpayer signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____