



EXTENSION REQUEST

Please return this form to us if you would like to request an extension of time to file your personal or business tax return(s). We will file the Application for an Extension of Time to File and request an automatic five or six-month extension (Forms 1065, 1041, and 8804 are 5-month – all others are six month). Any taxes owed for the year, however, must be paid or interest and penalties may apply.

This form must be received at least one month before the due date of the tax return in order to guarantee on-time filing of the extension(s).

PLEASE EMAIL ALL REQUESTS TO TAXDEPT@DGANDERSON.COM.

Please list the taxpayer name and SSN/EIN for all individual(s)/entity(s) requesting extension.

Name of Taxpayer/Entity	SSN/EIN	Tax Form Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please be advised that this is a free service as long as we file the actual tax return due by the extension due date. If the extension deadline is reached and we have not filed your return, we will bill the card on file \$35 to cover the cost of the extension. We may also need to contact you if additional information is required to file your extension.

ALL ENTITIES MUST BE LISTED ON THIS FORM TO BE EXTENDED. PLEASE USE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Please file the above-referenced extensions per my direction. I certify I have authority to make this request and agree to be bound by the terms herein.

Signature (Required): _____ **Date:** _____

***Name on Credit Card** (Required): _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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***Card Number** (Required)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Code