

2016 EXTENSION QUESTIONNAIRE

Returning Client _____ New Client _____

Primary Taxpayer _____

SS# _____

Secondary Taxpayer _____

SS# _____

Address: _____

Phone: _____ Email: _____

_____ I anticipate a refund

\$ _____ Total Federal withholdings on W-2's

_____ I anticipate having a balance due

\$ _____ Amount I plan to pay with the extension

_____ Date _____
Signature