

# 2017 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