

info@tmtaxpractices.com 702-509-1122 9750 W Sky Canyon Park Dr Ste 110-113, Las Vegas, NV 89166

Extension Request						
<ul> <li>□ Do you need an extension for your individual tax return?         If yes, please fill out Part I         □ Do you need an extension for your business tax return(s)?         If yes, please fill out Part II     </li> </ul>						
Part I						
Please Attach:  Taxpayer D  Spouse Dri	river License ver License (if appli	icable)				
Taxpayer Name:			SSN:			
Spouse Name:			_ SSN:			
Address						
City		_State	ZIP			
Part II						
Please Attach (for each extension request):  Articles of Organization/Incorporation SS4 EIN Application 2553/8832 Entity Classification Election (if applicable)						
Business Name:			EIN:			
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp			
Address						
City		State	ZIP			
Business Name:			EIN:			
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp			
Address						
City		State	ZIP			

Business Name: _			EIN:	
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp	
Address				
			ZIP	
Business Name: _			EIN:	
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp	
Address				
City		State	ZIP	
Business Name: _			EIN:	
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp	
Address				
			ZIP	
Business Name: _			EIN:	
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp	
Address				
City	State		ZIP	
Business Name: _			EIN:	
BusinessType:	☐ Partnership	☐ S Corp	☐ C Corp	
Address				
			ZIP	

Please return this form and any accompanying documents via secure upload. We respectfully request that you do not email any sensitive information.