



info@jrctaxexperts.com

www.jrctaxexperts.com

Office: 305-371-5131

Fax: 305-379-1100

PERSONAL EXTENSION FORM

Section 1:

Client requesting extension information:

First name: _____ Last name: _____ Middle initial: _____

Social security number: _____ - _____ - _____ Signature: _____

Phone #: (_____) _____ - _____ Email: _____@_____._____

Spouse Information (If Applicable)

First name: _____ Last name: _____ Middle initial: _____

Social security number: _____ - _____ - _____ Spouse Signature: _____

Section 2:

Current address:

_____ Apt # _____ City: _____ State: _____ Zip: _____

Payment:

Credit card Number: _____ - _____ - _____ - _____

CVV: _____

Expiration date: _____/_____/_____

Signature: _____

Office fee for extension: \$45.00

By signing, I (client) am requesting and agreeing to all terms set forth by JRC Tax Experts to extend my personal taxes. I'm also authorizing BJRC Tax Experts to charge the credit card above.

Section 3:

THIS SECTION IS RESERVED FOR STAFF ONLY

STAFF ONLY

Extension date: ____/____/____

Signature: _____

Dated Charged: ____/____/____