Brian Przystup & Associates, LLC

Tax Specialists Experts in Aviation & Real Estate

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PERSONAL EXTENSION FORM

Section 1:				
Client requesting extension	information:			
First name:	Last name:_		Middle initial:	
Social security number:		Signature:		
Phone #: ()		Email:		
Spouse Information (If App	olicable)			
First name:	Last name:		Middle initial:	
Social security number:		Spouse Signature:		
Section 2: Current address: Payment:	Apt #	City:	State: Zip:	
Credit card Number:	<u></u>			
CVV:			Expiration date:/	
Signature:		-	Brian's fee for extension: \$40.	00
signing, I (client) am requesting and agreeing sociates to charge the credit card above.	to all terms set forth by Brian P	rzystup & Associates Ll	LC to extend my personal taxes. I'm also authorizing Brian	Przystup &
Ω4! 2.	S SECTION IS RE	ESERVED FO	R STAFF ONLY	
	Extension o	TAFF ONLY late:/ :	 	_