**Extension Request**

If you are unable to get your information in before April 5th, we will gladly file an extension for a **$25 fee that will be credited toward the preparation of your tax return.** Please e-mail this form to [admin**@slicktax.com**](mailto:admin@slicktax.com) or fax to 214-666-5177 no later than 12:00pm on April 13th so that we can ensure your extension is filed.

**PLEASE BE AWARE – the IRS reserves the right to disallow your extension request if your estimate of tax amount is excessively low. Please note that we will base all estimates solely on information provided by you.**

**THIS IS NOT AN EXTENSION OF TIME TO PAY!!!**

**All tax is due April 15th, penalties & interest will accrue if you wait until October and have a balance due.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **PLEASE FILL THIS OUT** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

□ New Client □ Returning Client

SS# \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request and approve The Schlichting Group to file an Extension of Time to File (Form 4868) with the Internal Revenue Service.

**Estimation of Tax Due**: Estimate of Total Tax Due: $\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax Withheld: $\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Taxes Paid: $\_\_\_\_\_\_\_\_\_\_\_\_

**Remaining Liability: $\_\_\_\_\_\_\_\_\_\_\_\_**

□ I/We estimate a tax liability of **$0 or a tax refund**. Please file the extension as such.

□ I/We estimate our tax liability to be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and **will not be sending a payment** with the extension. **We understand this is not an extension of time to pay**.

□ I/We estimate our tax liability to be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and **will be sending a payment** to the IRS.

***I/We authorize The Schlichting Group to charge/debit my card with the information I have provided below.***

Card Holder Information

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type: □ Visa □ MasterCard □ Discover □ American Express

Card Number: \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Expiration Date: \_\_\_\_\_\_/\_\_\_\_\_\_ Card Security Code \_\_\_\_\_\_\_\_\_ Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_