

COLACINO TAX

INCOME TAX RETURN SPECIALISTS

EXTENSION SLIP

Tax year _____ Date _____

New client: get SS #, date of birth, and email address Completed _____ Accepted _____

Taxpayer name _____

SS # _____ Date of birth _____

Phone # _____ Email address _____

Spouse name (if applicable) _____

SS # _____ Date of birth _____

Extension: Federal State Additional States _____

No payment Payment: Federal _____ State _____

No direct debit Direct debit: complete bank information below

Bank information Checking Savings

Bank name _____

Routing # _____ Account # _____