



Reed Accounting 2018 Individual Extension Request Form

Your name: _____ US Citizen? _____

SSN #: _____

Email: _____ Phone: _____

Date of Birth: _____ Occupation: _____

Spouse's name: _____ US Citizen? _____

SSN #: _____

Spouse Email: _____ Spouse Phone: _____

Spouse's Date of Birth: _____ Spouse Occupation: _____

Current Address: _____

Payment with Extension:

Filing an extension will give you extra time to file your tax return, but it does not extend the time that you have to pay any taxes due. To avoid penalties and interest, it is recommended that you pay at least 90% of your tax liability by April 15, 2019.

Amount you would like to pay with federal or state extensions: Fed: ____ State ____

If you will be filing in states other than IL, please list here: _____

For Direct Debit

Bank Routing #: _____

Bank Account #: _____

Date for Federal Direct Debit: _____ *Check if this account is not the same as last year*

*We require a \$100 deposit in order to process extensions. This will get applied toward the cost of your 2018 tax return. Please sign below to allow us to charge our \$100 deposit to the bank account listed above as well as pay federal and/or state extensions on your behalf for the amounts you have provided.

Signature: _____

Date: _____