MIKE PARISI
TAX CONSULTANTS

Extension Organizer

Tax Year _____ Date _____

Taxpayer Name _____

SSN: _____ Date of Birth _____

Phone Number _____ Email Address _____

Spouse Name (if applicable) _____

SS # _____ Date of Birth _____

Did you submit your tax documents? ☐ Yes ☐ No

If yes, what submission method did you use? Drop off, email, hightail, fax or mail?: _____

What date did you submit?: _____

Extension: ☐ Federal ☐ State(s): _____

Do you need to make an estimated tax payment to the IRS and or state with your extension?

☐ Yes ☐ No

If yes, would you like to do electronic funds withdrawl (EFW) or elect to do it yourself?

☐ EFW ☐ Elect to submit payment myself

Electronic Funds Withdrawal Information: Please provide how much you'd like to pay and on what date.

Federal:	Payment: $	Date:
State:	Payment: $	Date:
State:	Payment: $	Date:

EFW Bank Information: This section is ONLY for estimated tax payments.

☐ Checking ☐ Savings

Bank Name _____

Routing # _____ Account # _____

I AUTHORIZE MIKE PARISI TAX CONSULTANTS TO DO ELECTRONIC FUNDS WITHDRAWL ON MY BEHALF BASED ON THE INFORMATION PROVIDED ABOVE.

Taxpayer signature: _____ **Spouse Signature:** _____

***ONLY SIGN IF YOU ARE DOING ELECTRONIC FUNDS WITHDRAWL TO MAKE GOVERNMENT PAYMENT(S).**