



200 BROADHOLLOW ROAD, #207  
MELVILLE, NY 11747

65 BROADWAY, 7<sup>TH</sup> FLOOR  
NEW YORK, NY 10006

PHONE 347.598.0111 FAX 347.438.3113  
WWW.CHOICE-TAX.COM

## 2016 ENTITY/CORPORATION TAX EXTENSION REQUEST

**Check Entity Type:**    Partnership    LLC    LLP    S Corporation    C Corporation

**Client Name** \_\_\_\_\_ **Tax Year** \_\_\_\_\_

**YOU MUST COMPLETE ALL ITEMS IN THIS SECTION**

- 1) Legal Name of Business: \_\_\_\_\_
- 2) DBA/Trade Name for Business: \_\_\_\_\_
- 3) Employer Identification Number (EIN): \_\_\_\_\_
- 4) Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5) Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
- 6) Date of Incorporation: \_\_\_\_\_ Date of S Corp Election: \_\_\_\_\_
- 7) States/other extensions required:    NYS    NYC    NJ    Other \_\_\_\_\_
- 8) Principal Business Activity: \_\_\_\_\_

**Company Officer / Shareholder handling Tax Matters at Company:**

- 1) Name of Officer: \_\_\_\_\_ Title: \_\_\_\_\_
- 2) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3) Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Company Banking Information:**

Name of Bank:	
Type of Account (business checking or savings):	
Routing Number:	
Account Number:	

ESTIMATE OF BALANCE DUE				NOTE:
IRS:	\$ _____	MCTMT:	\$ _____	Empty boxes will be filed as "0" balance due. You are responsible for taxes, interest and penalties for failure to pay tax due with extension.
NYS:	\$ _____	NJ:	\$ _____	
NYC:	\$ _____	Other:	\$ _____	

**NO EXTENSIONS WILL BE FILED WITHOUT A DEPOSIT**  
**Tax Preparation Deposit Required: \$650.00**



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CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**For Professional Services Rendered:**

Retainer for 2015 Federal & State Entity Income Tax Preparation \$650.00  
(includes Federal & State Extensions)

**NO WORK WILL COMMENCE WITHOUT A DEPOSIT**

***Deposit Required: \$650.00***

Please complete with your credit card information. Or if you prefer, you can make a secure payment at our website: [www.choice-tax.com](http://www.choice-tax.com) under **Pay My Fee**.

American Express  Visa  MasterCard  Discover  PayPal @ our website

CARD NUMBER

EXP

CARDHOLDER NAME

ADDRESS ASSOCIATED WITH CARD

 SIGNATURE (REQUIRED)

DATE

NOTE: As per our Office Policy and noted in all Engagement Disclosure letters, retainers are non-refundable and deemed earned upon receipt.

If, after a payment via credit card, you later dispute the charges, unless prohibited by law, you agree not to cancel, revoke, charge back, or dispute any previously entered charge on your credit card. If you do so, and it is later determined that the charge was properly authorized, you agree to pay all out-of-pocket fees and costs incurred by Choice Tax Solutions Inc. as a result of the improper cancellation, revocation, charge back or dispute.