



Crystal Clear Tax Solutions Inc

"Helping you put the pieces together"

17460 Shelley Ave. Sandy, OR 97055 503.563.7661 www.crystalcleartax.com

EXTENSION Request Tax Year _____

Taxpayer: _____ Spouse (If MFJ): _____

New clients only complete this section

Taxpayer: SSN _____ DOB _____ Mailing Address _____

Spouse: SSN _____ DOB _____ _____

Email _____ Phone _____

1. Due to the nature of tax season, we cannot guarantee that your taxes will be complete on time unless we have ALL of your information by _____. If you cannot meet this deadline, please indicate your choice below.

"I am dropping off my tax docs after the above deadline. I understand that I may be required to file an extension due to the timing of drop off tax preparation, at the discretion of Crystal Clear Tax Solutions Inc."

2. If you know that you want an extension, please indicate by checking the box(es) and signing below. Please note if you do not return this form to us before April 1st, you will need to make arrangements to speak with our front desk staff in order to have an extension filed.

"Please electronically file an extension on my behalf. I understand that an extension gives me an extra 6 months to file my tax return, however, it does not give me any extra time to pay taxes I may owe.

"I believe I will owe tax and I would like to make payment with my extension. Please indicate on my extension that I will send payments as follows (by the due date(s))"

Federal Payment to IRS \$ _____ Oregon Payment to DOR \$ _____

3. Client called and requested an extension be e-filed on their behalf and either they do not wish to make a payment with the extension request or (if amount filled in above) will download payment vouchers from their account to accompany payments they will make online or by mail.

By selecting to e-file an automatic 6-month extension, we will send the appropriate forms to the IRS on your behalf. The cost for this extension is \$35.00. It is our advice that you pre-pay your taxes if you believe you will owe. If you do not pay prior to the due date of the tax return, you will be responsible for penalties and interest associated with failure to pay on time. If you would also like to make any payment(s), and have indicated above, we will prepare payment vouchers to accompany your extension, which can be picked up in our office, mailed to you, or sent to your secure client portal account. We will contact you if you indicate any payment amount above.

Signatures

Taxpayer _____ Date _____

Spouse (If MFJ) _____ Date _____