



TCPA, PLC

CERTIFIED PUBLIC ACCOUNTANTS

EXTENSION

This is to confirm and specify the terms of our engagement with you, and to clarify the nature and extent of services that we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom tax returns are prepared to confirm the following arrangements. Specifically, the Client, as identified below, has retained TCPA, PLC to extend federal and requested state individual tax returns for calendar year: 2024 .

1. Individual Taxpayer Information. (All information is required for extension)

Taxpayer Name: _____ Social: _____ - _____ - _____

Spouse's Name: _____ Social: _____ - _____ - _____

2. Total payments to (optional):

Federal: _____

Arizona: _____

Other State: _____

3. Address:

Phone: (_____) _____

Email: _____

Client Signature

Date

Printed Name

----- Or -----

Phone authorization:

Date

Initials

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