

EXTENSION REQUEST

THANK YOU FOR CHOOSING M.E. SERVICES, INC.

WE ARE GRATEFUL FOR YOUR CONTINUED PATRONAGE.

WE LOOK FORWARD TO WORKING WITH YOU THIS TAX SEASON.

AN EXTENSION WILL BE FILED FOR YOU WITH THE INFORMATION GIVEN ON THIS FORM.

TAXPAYER NAME:			
SPOUSE NAME (IF APPLICABLE):			
TAXPAYER SOCIAL SECURITY NUMBER:	- -	SPOUSE'S SOCIAL SECURITY NUMBER:	- -
CURRENT ADDRESS:			
DO YOU NORMALLY OWE THE IRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DO YOU HAVE A PAYMENT PLAN WITH THE IRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SIGNATURE:			
DATE:			