**Carol A. Reithmiller, CPA, PLLC**

**11020 South Tryon Street, Suite 406**

**Charlotte, NC 28273**

 **Phone: 704-583-9090 Fax: 704-583-9843**

**Individual Tax Extension and CPA Fee Payment Authorization Form**

**REMEMBER: This Extends the Filing date to October 15, 2024. Not an additional time to pay. All tax payments are due April 15, 2024.**

**Extension request is due to us by Monday, March 25, 2024 – If after that date, please see rush fees below.**

**Please check the services requested – Send us the tax information that you have so that we can make a reasonably accurate extension.**

\_\_\_\_\_ Federal Individual Extension - $197

\_\_\_\_\_ North & South Carolina extensions are $74 each, other states/cities are $86 each. Which states (cities) do you require? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **$100 Rush Fee for all requests made on March 26 to April 2, 2024**

\_\_\_\_\_ **$150 Rush Fee for all requests made on April 3 to April 10, 2024**

**\_\_\_\_\_$200 Rush Fee for all requests made on April 11 and April 12, 2024. After April 12, 2024, call for pricing for extension processing (may not be possible).**

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Carol A. Reithmiller, CPA, PLLC to charge my credit card

 (full name)
indicated below for the requested tax extension (s). Total amount of $\_\_\_­­\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Card Type: [ ]  Visa [ ]  MasterCard [ ]  Amex Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVV (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_\_  |

SIGNATURE DATE

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

**Extensions will not be processed without valid payment**.