

**Carol A. Reithmiller, CPA, PLLC**  
11020 South Tryon Street, Suite 406  
Charlotte, NC 28273  
Phone: 704-583-9090  
Fax: 704-583-9843

**C-Corporation Tax Extension and CPA Fee Payment Authorization Form**

**Extension request is due to us Monday, March 23, 2026**

**Check the Services Requested**

**C-Corporation Tax Return Extension –Extends Due Date to October 15, 2026**  
**Final Information due to us by September 21, 2026**

**\*\*Note – This is for additional time to file the return, not additional time to pay.**  
**All tax payments are due April 15, 2026\*\***

\_\_\_\_\_ Federal Extension - Form 7004 - \$120

\_\_\_\_\_ State (and City) Extensions are \$120 each: which States and Cities \_\_\_\_\_

\_\_\_\_\_ **\$150 Rush Fee for all requests made on March 24 to March 31, 2026**

\_\_\_\_\_ **\$200 Rush Fee for all requests made on April 1 to April 9, 2026**

\_\_\_\_\_ **\$250 Rush Fee for all requests made on April 10 to April 13, 2026. After April 13, 2026, call for pricing for extension processing (may not be available).**

**Please complete the information below:**

I \_\_\_\_\_ authorize Carol A. Reithmiller, CPA, PLLC to charge my credit  
(full name)

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

Company Name \_\_\_\_\_ **(fill out one form per company)**

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

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

Email \_\_\_\_\_

Card Type: ☐ Visa ☐ MasterCard ☐ Amex

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3- or 4-digit number on back of card) \_\_\_\_\_

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 and signature.**