



40 Kupaoa Street, Suite 104, Makawao, HI 96768 Tel.: 808/572-6454; Fax: 808/442-1000; www.pbs-maui.com

# Request for Extension on Individual Income Taxes & Credit Card Authorization

✓ I/we am/are requesting an extension for my/our personal income taxes for **2024** and **am/are submitting the following information along with this request:** (Please fax or deliver all of your information at the same time. )

- ▲ Forms W-2 for all work in **2024** for both spouses (if married)
- ▲ Forms 1099-MISC, INT, DIV, B, C
- ▲ **Record of Federal & State estimated taxes paid including date and amount paid.**

NOTE: If you wish to make a payment with your extension, please let us know the amounts you wish to pay. Fill in this section **ONLY** if making a payment with your extensions:

Federal \$ \_\_\_\_\_  
 Hawaii \$ \_\_\_\_\_ Other State \$ \_\_\_\_\_ (State: \_\_\_\_\_)

**If you opted to make a payment with your extension(s), we will provide paper extensions for you to mail with your checks. The instructions/addresses will be listed on the extension form(s). We will let you know when to stop back in to pick up your extension forms.**

I/we also authorize Professional Business Services, Inc. to charge my/our credit card listed below in the amount of **\$75.00** (\$71.63 extension fee plus G.E. tax of 4.712%.) **I UNDERSTAND THAT AN EXTENSION OF TIME TO FILE MY RETURN DOES NOT GRANT ANY EXTENSION OF TIME TO PAY MY TAXES. I WILL BE RESPONSIBLE FOR ANY UNDERPAYMENT OR LATE PENALTIES ON MY TAX RETURNS IF UNDERPAID.**

Client Name: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Your 3 digit verification code: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_