

Trudy C. Durant and Associates LLC

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EXTENSION WORKSHEET FOR THE TAX YEAR 2024

First Name and Initial	Taxpayer's Last Name	Social Security #	
First Name and Initial	Spouse's Last Name	Social Security #	
Home Address		City, State and Zip	
Resident State	Home #	Work #	Cell #
Email Address (Required)			Preferred Contact Tel No.

Have you worked in either of the following states:

		Yes	No
	DE		
	NY		

Do you usually make extension payments?

Yes	No

Are you a new client to our firm: *If yes, a \$100 deposit is required before your extension is filed.

Yes	No

COMMENTS OR QUESTIONS:

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