

# 2025 BUSINESS EXTENSION REQUEST FORM

## ROSSMAN TAX SERVICE

The government due date for business tax returns is March 16th, 2026. If you are not ready to have your tax information prepared or if you cannot have your tax information delivered to us by January 25<sup>th</sup>, 2026, you must send us the completed extension request below. We must receive the form before February 1<sup>st</sup>, 2026.

If you are a Sub Chapter S Corporation or a Partnership this will also affect each shareholder or partner's personal returns. You will need to complete a separate Personal Extension Request Form. You are responsible to see that both extension request forms are completed.

Please complete the business extension request form and pay the Non-Refundable Business Extension Request fee in the amount of \$100.00. Additionally, if Rossman Tax Service prepares your Personal Income Tax Return, you must also submit your Personal Extension Request Form and pay the Non-Refundable Personal Extension Request Fee in the amount of \$75.00

Please note extensions allow additional time to file but do not extend your time to pay. **B u s i n e s s** Taxes paid after March 16<sup>th</sup> will be considered Late and are subject to interest and late payment penalties.

THERE IS ONLY ONE EXTENSION FOR CORPORATIONS & PARTNERSHIPS. The extension deadline is September 15, 2026. You must have your information delivered to us by August 1<sup>st</sup>, 2026. Information submitted to us after this deadline will cause you to incur a late processing fee.

Failure to file your return in a timely manner can cost you additional interest and penalties. We cannot file extensions after the due dates. It is your responsibility to see that your returns are completed in a timely fashion.

### SEND THE COMPLETED FORM BELOW BEFORE FEB. 1, 2026

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CORPORATION NAME \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

CORPORATION ADDRESS \_\_\_\_\_

ESTIMATED REVENUE FOR THE YEAR \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CONTACT'S PHONE # ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

#### BUSINESS CHECKING ACCOUNT INFO (TO PAY NYS FRANCHISE FEE)

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

GROSS SALES \_\_\_\_\_

(HELPS DETERMINE FRANCHISE FEE DUE NYS)

OFFICER SIGNATURE \_\_\_\_\_