

Lindstrom Accountancy Corp.

Extension Request 2025 Tax Year

Company Name	
EIN	
Street Address	
City, State, Zip	
Date Incorporated	
Type of business:	S-Corp / Partnership / LLC etc:
Position ie President etc.:	

Personal

Name	
DOB	
SSN	
Spouse Name	
Spouse DOB	
Spouse SSN	
Street Address	
City, State, Zip	
Phone No.	
Email Address	