

EXTENSION REQUEST FORM

MUNICIPAL INCOME TAX

We will accept this request form or a copy of the federal extension request if it is received no later than the last day for filing the Municipal Income Tax Return as required by Ordinance or Rule of the Municipality named below.

FOR MUNICIPALITY OF \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

SSN \_\_\_\_\_ EIN \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I hereby request an extension of time for filing the Municipal Income Tax Return for: CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

CHECK APPROPRIATE LINE AND COMPLETE:

\_\_\_ Individual 4 month extension to August \_\_\_\_, \_\_\_\_\_

\_\_\_ Individual additional extension to \_\_\_\_\_, \_\_\_\_\_

\_\_\_ Calendar year 6 month Corporate or Partnership extension to  
October \_\_\_\_, \_\_\_\_\_

\_\_\_ Fiscal year 6 month Corporate extension to \_\_\_\_\_, \_\_\_\_\_

**NOTE:**

I understand that this is NOT AN EXTENSION FOR PAYING THE TAX OWED.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Preparer other than  
Taxpayer