

EXTENSION OF TIME TO FILE

ACCOUNT NUMBER _____

SSN# _____ FED. ID# _____

NAME/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I hereby request an extension of time for filing my City Income Tax Return for:

CALENDAR YEAR _____ FISCAL YEAR _____ Amount enclosed \$ _____

Check Number _____

CHECK APPROPRIATE LINE AND COMPLETE:

____ Individual four (4) month extension to August _____, 20_____

____ Individual additional extension to _____, 20_____

____ Calendar year six (6) month Corporate extension to September _____, 20_____

____ Calendar year six (6) month Partnership extension to Oct _____, 20_____

____ Fiscal year six (6) month Corporate extension to _____, 20_____

NOTE: I understand that when I file a Warren City Extension, any amount due will be paid on or before the filing deadline to avoid any interest or penalties. Attach a copy of this city extension to the return at the time of filing.

THIS IS NOT AN EXTENSION FOR PAYING THE TAX OWED.

Signature of taxpayer date

Signature of preparer date
other than taxpayer

Signature of spouse (if joint) date

THIS EXTENSION WILL ONLY BE GRANTED IF PAYMENT IS REMITTED WITH THIS FORM.