

# EXTENSION OF TIME TO FILE

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

SSN# \_\_\_\_\_ FED. ID# \_\_\_\_\_

NAME/ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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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\_\_\_\_\_

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**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.**