REQUEST FOR EXTENSION FOR FILING THE ANNUAL RETURN CITY OF DOVER INCOME TAX DEPARTMENT

NAME		
ADDRESS		-
CITY, STATE, ZIP		
DOVER INCOME TAX ACCT. NO		_
ORIGINAL DUE DATE		
REQUESTED EXTENSION DATE		
ARTICLE III - 7, PAGE 23:		
 Upon written request of the taxpayer, the City a period of not more than six (6) months or not m of and granted by the Federal Internal Revenue D 	ore than thirty (30) days beyor	nd any extension requested
NOTE: This request may be considered as GRA payments are current.	NTED with respect to ARTICL	E III - 7, assuming estimated
(Signature of Firm or person preparing return)	DATE	
(Signature of Taxpayer)	DATE	