

**FORM  
20**

**REGIONAL INCOME TAX AGENCY**  
Declaration of Estimated Municipal Tax on Net Profits  
and / or Application for Extension of Time to File

**FORM  
EXTEN**

Fed. ID #: \_\_\_\_\_ Tax Year Ending (mm/dd/yy): \_\_\_\_\_

Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Computation of Estimated Tax:**

- 1. Total Estimated Tax (from distribution below) ..... \$ \_\_\_\_\_ .00
- 2. Less Prior Year Credit ..... \$ \_\_\_\_\_ .00
- 3. Total Tax Due ..... \$ \_\_\_\_\_ .00
- 4. Amount Paid (make check payable to RITA) ..... \$ \_\_\_\_\_ .00  
(not less than 1/4 of estimated tax)

**5. Distribute Estimated Tax from Line 1 above (if additional space is needed, attach a schedule)**

▶ Municipality:	Amount:
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00

**I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE, IT IS CORRECT.**

<b>NAME</b>	<b>TITLE</b>	<b>DATE</b>
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PHONE: \_\_\_\_\_

**REMIT TO:  
REGIONAL INCOME TAX AGENCY  
P.O. BOX 89475  
CLEVELAND, OH 44101-6475**

**DIRECTIONS FOR APPLYING FOR EXTENSION OF TIME TO FILE**

All extension requests must be made on or before the date for filing the return, and for good cause shown, the Administrator may extend the time for filing such returns for a period not to exceed six (6) months, or to the last day of the month following the month of any extension granted by the Federal Internal Revenue Service.

In cases where extensions have been granted by the Internal Revenue Service, automatic or other, an automatic extension shall be granted by the Administrator upon receipt of written notification on or before the due date of the return not to exceed six (6) months, or to the last day of the month following the month of any extension granted by the Federal Internal Revenue Service.

Information returns, schedules and statements needed to support tax returns are to be filed within the time limits set forth for filing the tax returns and made a part thereof. If automatic extension is requested, in cases where extension has been granted by the Internal Revenue Service, attach copy of said extension and return to the Regional Income Tax Agency.

NO STATEMENT OF RECEIPT OR ACKNOWLEDGEMENT IS REQUIRED TO BE GIVEN BY THIS AGENCY. IF REPLY IS REQUESTED, ENCLOSED STAMPED, SELF-ADDRESSED ENVELOPE AND COPY OF EXTENSION APPLICATION WITH REQUEST.

**SECTION 1: ATTACH A COPY OF FEDERAL EXTENSION**

The above named is hereby requesting an extension of time until (mm/dd/yy) \_\_\_\_\_ in which to file the municipal income tax return for the calendar year \_\_\_\_\_ or other taxable year beginning (mm/dd/yy) \_\_\_\_\_ and ending (mm/dd/yy) \_\_\_\_\_.

Please state in detail the reason the extension is needed (if for subsidiaries – list name, address, and employer identification number). \_\_\_\_\_

**SECTION 2: MUST BE COMPLETED BY ALL**

**Payment requirement:** In cases where a balance is due on the annual return, the entire amount of estimate balance is due at the time the extension is filed. (**Note:** No penalty will be assessed in those cases in which the return is filed and the final tax paid within the period as extended, provided all other filing and payment requirements of the Ordinance have been met.) You **MUST** distribute estimated tax from Line1 below on Pg. 1 of Form 20, Section 5. If additional space is needed, attach a schedule.

(1) Estimated tax for taxable year      \$ \_\_\_\_\_ .00  
(2) Less payments of estimated tax      \$ \_\_\_\_\_ .00  
(3) Balance due                                      \$ \_\_\_\_\_ .00

**SECTION 3: DOES NOT HAVE TO BE COMPLETED IF FEDERAL EXTENSION ATTACHED**

**Verification:** Taxpayer – Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preparer other than taxpayer – Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application.

**Signature of preparer:** \_\_\_\_\_ **Date:** \_\_\_\_\_