

VILLAGE OF ANSONIA
INCOME TAX DEPARTMENT

EXTENSION REQUEST FORM

Department of Taxation
PO Box 607
Ansonia OH 45303
937-337-5005 ext.2
937-337-7273 (Fax)

NOTE: COMPLETED EXTENSION REQUEST FORMS MUST BE RECEIVED BY THE TAX DEPARTMENT ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. THIS FORM DOES NOT EXTEND THE DUE DATE FOR PAYMENT OF TAX DUE, HENCE PENALTY AND INTEREST MAY BE APPLIED TO ANY UNPAID TAX BALANCE. ESTIMATED TAX SHOULD BE PAID BY APRIL 15TH.

TAXPAYER INFORMATION

DATE OF REQUEST: _____ FOR TAX YEAR: _____

ORIGINAL DUE DATE OF RETURN: _____

EXTENSION REQUESTED TO (DATE): _____ (Not to exceed 6 months)

TAXPAYER'S NAME: _____
(If filing joint return, list both names)

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

SSN OR FIN: _____
(If filing joint return, list both names)

SIGNATURE: _____