



EXTENSION REQUEST FORM

Department of Taxation
177 N Center St
PO Box 288
Versailles OH 45380
937-526-3294 ext.204
937-526-4476 (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: _____