

**FORM
EXTEN**

REGIONAL INCOME TAX AGENCY
Application for Extension of Time to File

Please fill-in one: Individual Net Profit For Calendar Year 20 or
Fiscal Year Beginning (mm/dd/yy) and Ending (mm/dd/yy)

GENERAL INFORMATION

Federal ID No: or Social Security Number:

Company Name:

Or Individual Name:

Address #: Suite:

Street Name:

City:

State: Zip -

Phone: - - Nature of Business: _____



FORM EXTEN

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 one (1) month beyond 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 one (1) month beyond the extension granted by the 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, 10107 Brecksville Rd., Brecksville, Ohio 44141-3275.

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

RITA

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 20 or other taxable year beginning and ending .

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

Distribution of Entire Estimate within RITA Municipalities (If more space is needed, attach additional schedule)

Municipality	Tax Amount
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Total	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

Total tax amount distributed in table must equal amount shown on back of form, Section 2, Line 1.

SECTION 2: MUST BE COMPLETED BY ALL

Payment requirement: In cases where a balance is due on such annual return, 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.

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

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: _____



FORM EXTEN B