

Village of Mt. Orab

INCOME TAX BUREAU
P.O. BOX 268 Mt. Orab, Ohio 45154
(937) 444-2945 Fax (937) 444-9241

APPLICATION FOR EXTENSION REQUEST

(Due on or before the Original Due Date of Return)

TAX YEAR EXTENSION REQUESTED: _____
(TAX YEAR)

Original Due Date of Return

Extension Date Requested

The undersigned taxpayer, or duly authorized agent for the taxpayer, hereby requests an extension of time as indicated below within which to file an annual Mt. Orab Income Tax return, form IR (Individual) or BR (Business), for the taxpayer account and number shown below. The reason for this request is: **(Note: 1 or 2 must be completed)**

1. _____ An extension has been requested of the IRS for filing the federal income tax return and the Mt. Orab extension would not be more than six (6) months beyond the original due date of return.

2. _____ Other (explain): _____

NOTE: A copy of the Federal extension must accompany extension or final return.

NAME OF TAXPAYER(S) EXTENSION REQUESTED FOR: (All accounts are by SS# or FID#)

Taxpayer(s)

Address

SS# or FID # (Required)

NOTE: An extension does not waive the tax due by due date, an estimated liability amount must be paid at the time of the extension request. Failure to do so will require our office to assess interest as required under Section 9 of the Mt. Orab Income Tax Ordinance.

Taxpayer Signature: _____

Date: _____

OFFICE USE ONLY

_____ Approved

_____ Disapproved

Reason for Disapproval:

_____ Request Received after filing deadline

_____ Social Security Number or Federal Identification Number not included

_____ Taxpayer delinquent from previous year(s)

Signature: _____

Date: _____