



APPLICATION FOR EXTENSION OF TIME TO FILE INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31, _____
OR FISCAL PERIOD _____ TO _____

City of Port Clinton
Income Tax Department
1868 E Perry Street
Port Clinton, OH 43452
(419) 734-5522, option 4
(419) 732-6558, Fax
www.portclinton.com

Please Print

ACCOUNT INFORMATION

YOUR NAME	SOCIAL SECURITY NUMBER
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SPOUSE'S NAME (INCLUDING PRIOR NAMES)	SPOUSE'S SSN
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ADDRESS

EXTENSION INFORMATION

CITY	ESTIMATED TOTAL TAXABLE INCOME	TAX RATE	ESTIMATED TAX DUE	LESS AMOUNT PAID ON CURRENT ESTIMATED AND/OR CREDITS	NET TAX DUE TENTATIVE AMOUNT
PORT CLINTON		1.5%			

PAYMENT WITH THIS EXTENSION

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If an extension of time is necessary, file this form on or before the due date with the Port Clinton Income Tax Department in accordance with the instructions. An extension of 180 days for filing a city income tax return for the year stated above is hereby requested for the following reason:

This form only serves to extend the time to file a city tax return. Any tax remaining due after the original due date of the return will be subject to penalty and interest as prescribed by the city tax code.

SIGNATURE

I declare that the extension requested herein for filing for a city income tax return for the taxable year stated is necessary for the reason given above and that I am authorized to sign this request.

	_____	_____	_____	_____
	Your Signature	Date	Business Owner or Officer	Date

_____	_____	_____
Spouse signature, if filing jointly	Date	Title