



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

APPLICATION FOR EXTENSION OF TIME TO FILE PORT CLINTON CITY INCOME TAX

FOR CALENDAR YEAR ENDING DECEMBER 31,

OR FISCAL PERIOD TO

 LAST NAME FIRST NAME INITIAL SPOUSES FIRST NAME INITIAL

 SOCIAL SECURITY NO OF TAXPAYER OR FEIN SPOUSE'S SOCIAL SECURITY NUMBER OR FEIN

 ADDRESS APT # CITY STATE ZIP

PLEASE NOTE: FILE THIS FORM WITH THE CITY OF PORT CLINTON ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY ANY AMOUNT YOU OWE. THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX.

I request a six month extension of time to file the City of Port Clinton Income Tax Return for the tax year ending _____.
 Fiscal year filers enter extended due date _____.

- 1. Total Port Clinton Tax Liability..... \$ _____
- 2. Total payments and credits..... \$ _____
- 3. Balance due. Subtract Line 2 from Line 1..... \$ _____

Complete the declaration of estimated taxes if liability to Port Clinton will exceed \$200.00.....

- A. Estimated income subject to Port Clinton tax \$ _____
 Estimated tax due: 1.5% (.015) times line A..... \$ _____
- B. Port Clinton tax to be withheld by employer..... (\$ _____)
- C. DECLARATION OF ESTIMATED TAX DUE (Line A minus Line B)..... \$ _____

4. Amount of Declaration Due. (Enter at least 22.5% of Line C if quarterly or at least 90% if annually)
 Remainders for Quarters 2, 3, & 4 will be sent to you based upon the declaration and payments made..... \$ _____

5. **Total amount due. Add lines 3 and 4.**..... \$ _____

NOTE: THIS IS ONLY AN EXTENSION FOR FILING. YOU MUST PAY IN FULL THE BALANCE DUE (ON LINE 5) BY THE ORIGINAL DUE DATE

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

 SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE DATE

 SIGNATURE OF SPOUSE DATE

INSTRUCTIONS

You may use this form, copy of Federal Extension, or send a letter to request an automatic six month extension from the original due date of your return. To receive the extension, you must:

1. **Complete form in its entirety.**
2. **Pay the entire amount shown on Line 5.**
3. **File it by the return's extended due date. (Note: Any taxes owed are still due by the original filing deadline.)**

We will contact you, in writing, only if your request is denied. If you wish a return copy of the approved request, you must include a self-addressed stamped envelope; or provide a valid fax number to our office.

Note: This form does not extend the time to pay taxes. If you do not pay the amount due by the original due date, you will owe penalty and interest.