

REGIONAL INCOME TAX AGENCY

Application for Extension of Time to File

Please	fill-in one: Individual	Net Profit	For Calendar Year 20 or
Fiscal Y	ear Beginning (mm/dd/yy)		and Ending (mm/dd/yy)
GENERAL INFORMA	ATION		
Federal ID No:		or Social Security Nu	mber:
Company Name:			
Or Individual Name:			
Address #:		Suite:	
Street Name:			
City:			*FORM EXTEN*
State:		Zip	
Phone:		Nature of Busines	s:

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 to the last day of the month following the month of 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 to the last day of the month following the month of any extension granted by the Federal 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.

The above named is hereby requesting an extension of time until (mmiddlyy)	SECTION 1: ATTACH A COPY OF F		RITA	4				
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) Tox Amount Tox Amount Total lax 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 filled. 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 must. (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.	The above named is hereby requesti	ng an extension of tim	ne until (mm/dd/yy)			in which to	file the municipal inco	ome tax
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Signature of preparer: Date:				e best of my kno	owledge and	belief, the staten	nents made herein ar	e true
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