

**VILLAGE OF GARRETTSVILLE
INCOME TAX DEPARTMENT**

PO Box 306
Garrettsville, Ohio 44231-0306
Phone: 330-527-2179 Fax: 330-527-5819

EXTENSION FORM

Name: _____

Address: _____

City, State, ZIP: _____

Account #: _____

Social Security #: _____ Federal Tax ID #: _____

I hereby request an extension of time for filing my Village Income Tax Return for:

_____ Calendar Year

_____ Fiscal Year

CHECK APPROPRIATE LINE AND COMPLETE NECESSARY INFORMATION:

_____ Individual four (4) month extension to: August 31, _____.

_____ Individual additional extension to: _____, _____.

_____ Calendar year six (6) month Corporate/Partnership extension to:
September 30, _____.

_____ Fiscal Year six (6) month Corporate extension to:
_____, _____.

NOTE: I understand that this is an extension of time to file, NOT AN EXTENSION FOR PAYING THE TAX OWED.

Signature of Taxpayer

Signature of Preparer other than Taxpayer

Date

Date