REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE A BUSINESS OR INDIVIDUAL INCOME TAX RETURN

CITY OF GALLIPOLIS INCOME TAX DEPARTMENT
MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631
TELEPHONE: 740-441-6009 FAX: 740-441-2062

Account # _____ SS# or FID# _____

Name _____

Address _____

City, State, Zip _____

☐ APPROVED ☐ DENIED

REASON: _____

_____

TAX OFFICE USE ONLY

TOTAL PAID $_____

☐ CASH ☐ CHECK _____

RECEIPT# _____

PROC. BY: _____

Instructions: Use this form to request an automatic six month extension from the due date.

PLEASE NOTE: File this form with the City of Gallipolis Income Tax Department 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.** If you do not pay the amount due by the regular due date, you will have penalty and interest charges on any amount of tax owed plus a late filing fee. A copy of your federal extension MUST accompany this form.

Total Gallipolis Tax Liability. If you do not expect to owe tax, enter zero ..... $_____
(This is the amount you would expect to enter on line 6 of the Gallipolis Tax Return)

Less: Gallipolis Tax Withheld by Employers ..... $(_____)
Less: Payments and Credits on Estimated Tax ..... $(_____)
Less: Credit Allowed for Tax Paid at Other Cities (Not to exceed 1%) ..... $(_____)
Total Credits ..... $(_____)

Balance Due. (Payment must accompany this return in order to receive an extension.) ..... $_____

The undersigned declares that this form is true, correct and complete, and that the figures used herein are the same used for federal tax purposes.

X _____
Signature of Taxpayer

X _____
Signature of Person Preparing, if other than taxpayer

X _____
Phone Number to Contact Date

X _____
Phone Number to Contact Date