

**City of Chillicothe, Income Tax Department
Application for Filing Extension**



For Calendar Year Ending December 31, 20 _____

OR Fiscal Year Ending _____, 20 _____

ACCOUNT INFORMATION

City File Number (if known) _____

Name _____

Address _____

City/State/Zip _____ Phone _____

Primary Social Security Number or Federal ID Number _____

Secondary Social Security Number _____

EXTENSION INFORMATION

Estimated Total Taxable Income	Tax Rate	Estimated Tax Due	Less Chillicothe Tax Withheld	Less Out of Town Credits	Less Estimated Tax Paid	Tentative Net Tax Due
\$	2%	\$	\$	\$	\$	\$

Payment (with this extension) \$ _____

Make payable to: Chillicothe City Income Tax Department

Mail To: P.O. Box 457
Chillicothe, OH 45601

If an extension of time to file is necessary, file this form **on or before the due date (April 15th for calendar year filers)** with the Chillicothe City Income Tax Department. This form only serves to extend time to file a city tax return, not to extend time to pay taxes owed. Any tax remaining due after the original due date of the return (April 15th for calendar year filers) will be subject to penalty and interest as prescribed in the city tax code.

SIGNATURE

Signature of taxpayer(s). I declare that the extension requested herein for filing a city income tax return for the taxable year stated is necessary and that I am authorized to sign this request. I understand that an extension of time to file is not an extension of time to pay taxes due.

Signature

Date

Spouse's Signature

Date