

**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 15<sup>th</sup> 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 15<sup>th</sup> 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