CITY OF TROTWOOD INCOME TAX SUPPORT SERVICES 4 STRADER DRIVE TROTWOOD OH 45426-3395 PHONE (937) 837-3415 FAX (937) 854-8641

# 2020 APPLICATION FOR EXTENSION OF TIME TO FILE BUSINESS INCOME TAX RETURN



| Account Number:                                                                                                                                                                                                                                | Calendar Year Ending Dec 31,, or                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                                                                                                | Fiscal Year (Month Ending: )                      |
| BUSINESS NAME:                                                                                                                                                                                                                                 |                                                   |
| ADDRESS:                                                                                                                                                                                                                                       |                                                   |
| I declare that an extension of days for filing the City of Trotwood Income Tax Return for the year listed above is necessary due to the filing of an extension for filing the Federal Income Tax Return. I am authorized to sign this request. |                                                   |
| SIGNED:                                                                                                                                                                                                                                        |                                                   |
| PRINTED NAME:                                                                                                                                                                                                                                  | PHONE:                                            |
| A COPY OF THE FEDERAL EXTENSION REQUEST MUST ACCOMPANY THIS REQUEST.                                                                                                                                                                           |                                                   |
| PAYMENT OF ESTIMATED TAX LIABILITY, PLUS FIRST QUARTER TAX LIABILI <sup>.</sup><br>WILL NOT BE GRANTED.                                                                                                                                        | TY MUST BE PAID ON TIME. AN EXTENSION FOR PAYMENT |
| PAYMENT OF \$ INCLUDED FOR ESTIMATED TAX L                                                                                                                                                                                                     | IABILITY FOR YEAR EXTENDED                        |
| PAYMENT OF \$ INCLUDED FOR FIRST QUARTER 1                                                                                                                                                                                                     | TAX LIABILITY FOR FOLLOWING TAX YEAR.             |

# INSTRUCTIONS FOR APPLICATION FOR EXTENSION OF TIME TO FILE

## DUE DATE FOR FILING THE APPLICATION:

The application for extension of time to file must be POSTMARKED on or before the due date of the tax return for which the extension is requested. For calendar year filers, this request must be postmarked on or before April 15th. For fiscal year filers, this request must be POSTMARKED on or before the 15th day of the fourth month after the end of the taxable period. A copy of the Federal Extension must be attached. Faxed and email extension requests will not be accepted.

### PAYMENT:

This form does not extend the time to pay your taxes. It is only to request additional time to submit or file the tax return. Based on source(s) of income for the year in question, it is up to the taxpayer to determine if any tax will be due for that taxable period and to pay the amount by the original filing deadline. This extension request must be accompanied by the payment of the tax determined to be due that was not previously paid to the City of Trotwood through estimated tax payments or prior year credits. Penalty and interest accrues on the unpaid balance of tax from the regular filing deadline.

### LENGTH OF EXTENSION :

This extension request cannot exceed a period of six months or one month beyond any extension requested of or granted by the IRS for filing the Federal return.