

EXTENSION FORM

ACCT. NO: _____ OR SOC. SEC. NO. _____

FED ID NO. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I hereby request an extension of time for filing my Income Tax Return For _____
(year)

CHECK APPROPRIATE LINE AND COMPLETE:

___ INDIVIDUAL 4 MONTH EXTENSION TO AUGUST ____, ____

___ INDIVIDUAL EXTENSION TO OCTOBER ____, ____

___ CALENDAR YEAR 6 MONTH CORPORATE OR PARTNERSHIP
EXTENSION

___ FISCAL YEAR 6 MONTH CORPORATE EXTENSION TO _____, ____

NOTE:

**I UNDERSTAND THAT THIS IS NOT AN EXTENSION FOR PAYING TAX
OWED.**

Signature of Taxpayer Date

Signature of Person Preparing Taxes Date

Estimated tax due (Payment enclosed) _____