

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

CITY OF GALLIPOLIS INCOME TAX DEPARTMENT

518 SECOND AVENUE; GALLIPOLIS, OH 45631-1219
TELEPHONE: 740-441-6009 FACSIMILE: 740-441-2070

Account # _____ SS# or FID# _____
Name _____
Address _____
City, State, Zip _____

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____
RECEIPT#	_____
PROC. BY:	_____

Instructions: Use this form to request an automatic four month extension from the due date of filing your 2006 city return. If an additional two month extension is needed you must submit a copy of your federal extension to this office before the due date of this first extension expires.

To receive the extension you must:

- ❖ Complete form correctly.
- ❖ File it by the DUE DATE of your return.
- ❖ Pay all of the BALANCE DUE.
- ❖ Attach a copy of your federal extension.
- ❖ If no tax is due, you may file a copy of the federal extension by April 16.

We will only contact you if your request is denied.

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