

2019

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

CITY OF GALLIPOLIS INCOME TAX DEPARTMENT
MAIL TO: PO BOX 339, GALLIPOLIS, OH 45631
TELEPHONE: 740-441-6009 FAX: 740-441-2062

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

TAX OFFICE USE ONLY
TOTAL PAID \$ _____
CASH CHECK _____
RECEIPT# _____
PROC. BY: _____

APPROVED DENIED
REASON: _____

Instructions: Use this form to request an automatic six month extension from the due date.

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