

**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

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

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

<input type="checkbox"/> APPROVED	<input type="checkbox"/> 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 _____