

CITY OF MT. HEALTHY

REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE INCOME TAX RETURN

Name: _____

Signature: _____

Address: _____

Title: _____

Date: _____

Federal ID #: _____

Or

SS #: _____

I request an automatic 6-month extension of time until _____

To file the income tax return for:

_____ calendar year _____ or tax year beginning _____ and ending

_____.

To receive an acknowledgement of the filing of your extension request, enclose a stamped, self-addressed envelope and a duplicate copy of this extension request.