

CITY OF DUBLIN, OHIO
 DIVISION OF TAXATION
 PO Box 9062
 Dublin OH 43017-0962
 Telephone (614) 410-4460
 Toll Free (888) 490-8154
 Fax (614) 923-5520

**APPLICATION FOR
 EXTENSION OF TIME TO FILE
 INCOME TAX RETURN**



For Calendar Year Ending December 31, _____
 or fiscal period _____ to _____

File this Form On or Before
 the Due Date of the Return

| | |
|------------------|---|
| NAME(S) | SOCIAL SECURITY NO. OF TAXPAYER(S) OR FID # |
| ADDRESS | |
| CITY, STATE, ZIP | |

PLEASE NOTE: File this form with the City of Dublin 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

I request an automatic six month extension of time to file the City of Dublin Income Tax for the tax year ending. _____

Fiscal year filers enter extended due date. _____

- 1. Total Dublin Tax liability, for tax year _____ \$ _____
- 2. Total payments and credits. _____ (\$ _____)
- 3. Balance due. Subtract Line 2 from Line 1. _____ \$ _____

Complete the declaration of estimated taxes for tax year _____ if liability to Dublin will exceed \$200.00.

- A. Estimated income subject to Dublin tax \$ _____
 Estimated tax due: 2.0% times Line A. _____ \$ _____
- B. DUBLIN tax to be withheld by employer (INDIVIDUALS ONLY) _____ (\$ _____)
- C. Credit allowed for income taxed by other cities (INDIVIDUALS ONLY) _____ (\$ _____)
- D. DECLARATION OF ESTIMATED TAX DUE (Line A less Lines B and C) _____ \$ _____
- 4. Amount of Declaration due. (Enter 22.5% of Line D) _____ \$ _____
- 5. **Total amount due. Add Lines 3 and 4.** _____ \$ _____

IN ORDER TO RECEIVE AN EXTENSION, YOU MUST PAY IN FULL THE BALANCE DUE WITH THIS FORM

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of Taxpayer or Authorized Representative _____ Date _____

Signature of Spouse _____ Date _____

INSTRUCTIONS

File this form with a copy of Federal Extension or letter to request an automatic six month extension from the due date of return.
 To receive the extension you must:

- 1. Complete form correctly, and
- 2. File it by **DUE DATE** of your return, and
- 3. Pay all of the amount shown on line 5.

We will contact you only if your request is denied.

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. There is also a failure to file penalty that can be assessed. If you wish a return copy of the approved request, you must include a self-addressed stamped envelope.