



FILE THIS FORM ON OR BEFORE
THE DUE DATE OF THE RETURN WITH:
CITY OF LANCASTER, OHIO
P.O. BOX 128, 104 EAST MAIN STREET
LANCASTER, OH 43130-0128
TEL # (740) 687-6606
FAX # (740) 681-5057
WEBSITE: www.ci.lancaster.oh.us

APPLICATION FOR EXTENSION OF TIME TO FILE LANCASTER CITY INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31, _____
OR FISCAL PERIOD _____ TO _____

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NO. OF TAXPAYER(S) OR FID# _____

PLEASE NOTE: File this form with the City of Lancaster 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 (6) month extension of time to file the City of Lancaster Income tax for the year end _____

Fiscal year filers enter extended due date _____

- 1. Total Lancaster Tax Liability \$ _____
- 2. Total payments and credits (\$ _____)
- 3. Balance due. Subtract Line 2 from Line 1 \$ _____

Complete the declaration of estimated tax due (below) if liability to Lancaster will exceed \$100.00

- A. Estimated income subject to Lancaster tax \$ _____
Estimated tax due: 1.75% (.0175) times Line A \$ _____
- B. Lancaster tax to be withheld by employer (\$ _____)
- C. Credit allowed for income taxed by other cities (refer to Item #7 of General Instructions) (\$ _____)
- D. DECLARATION OF ESTIMATED TAX DUE (Line A less Lines B and C) \$ _____
- 4. Amount of Declaration due. (Enter 25% of Line D if quarterly, 50% if semi-annually or 100% if annually) \$ _____
Reminders for Quarters 2, 3 & 4 will be sent to you based upon the declaration and payments made.)
- 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

Use this form, 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 this form correctly,
2. File by the original due date of your return, and
3. Pay the entire amount shown on Line 5.

We will notify you in writing 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.