



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

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

FILE THIS FORM IF YOU ANTICIPATE OWING BY THE APRIL DUE DATE. (SEE NOTE BELOW): CITY OF LANCASTER, OHIO P.O. BOX 128, 104 EAST MAIN STREET LANCASTER, OH 43130-0128 TEL # (740) 687-6606 WEBSITE: www.ci.lancaster.oh.us

NAME(S) _____ Account# _____

ADDRESS _____ Social Security Number or FEIN _____

CITY _____ STATE _____ ZIP _____ Spouse Social Security Number _____

THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX

PLEASE NOTE: You DO NOT need to request an extension to file by the April due date; however, a copy of the extension request or a copy of the Federal Extension (4868 or other) request MUST BE attached to the actual return at the time it is filed by the extension due date.

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) for the next tax year if liability to Lancaster will exceed \$200.00

- A. Estimated income subject to Lancaster tax \$ _____
Estimated tax due: 2.20% (.0220) times Line A \$ _____
8. Lancaster tax to be withheld by employer \$ _____
C. Credit allowed for income taxed by other cities (refer to Instructions) \$ _____
D. DECLARATION OF ESTIMATED TAX DUE (Line A less Lines 8 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 \$ _____

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 :

- 1. Complete this form if you need to pay your final balance due and 1st quarter estimated payment by April due date.
2. Be sure to attach copy of extension request or Federal Extension request (4868 or other) to your return at the time of filing.
3. Pay the entire amount shown on line 5 above by April due date.

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. If you wish to receive a return copy of the approved request, you must include a self-addressed stamped envelope.