

**Part 1 ACCOUNT INFORMATION**

|                            |   |                                      |
|----------------------------|---|--------------------------------------|
| Name<br>_____              | EIN/FID Number<br>_____   | CITY OR CITIES OF INCOME<br>1. _____ |
| Address<br>_____           | Filing Status - check only one<br><input type="checkbox"/> C-Corporation<br><input type="checkbox"/> S-Corporation<br><input type="checkbox"/> Fiduciary (Trust and Estates)<br><input type="checkbox"/> Partnership/Association<br><small>(do not use this form for Schedule C filers)</small> | 2. _____                             |
| City<br>_____              |   | 3. _____                             |
| State _____ Zip Code _____ |   |                                      |

**Part 2 EXTENSION INFORMATION**

| CITY             |    | Column 1<br>ESTIMATED<br>TOTAL<br>TAXABLE INCOME | TAX<br>RATE | Column 2<br>ESTIMATED<br>TAX DUE | Column 3<br>LESS AMOUNT PAID ON<br>CURRENT ESTIMATE AND/OR<br>ANY OVERPAYMENT CREDITS | Column 4<br>NET TAX DUE<br>TENTATIVE AMOUNT |
|------------------|----|--|-------------|----------------------------------|---|---|
| COLUMBUS         | 01 |  | 2.5%        |                                  |   |   |
| GROVEPORT        | 09 |  | 2.0%        |                                  |   |   |
| OBETZ            | 10 |  | 2.5%        |                                  |   |   |
| CANAL WINCHESTER | 11 |  | 2.0%        |                                  |   |   |
| MARBLE CLIFF     | 13 |  | 2.0%        |                                  |   |   |
| BRICE            | 14 |  | 2.0%        |                                  |   |   |
| HARRISBURG       | 16 |  | 1.0%        |                                  |   |   |

Make payable to: **COLUMBUS CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment**  
 (with this extension)

\$

Payment can only be accepted  
 for the cities listed above.

If an extension of time is necessary, file this form **on or before the due date** with the Columbus Income Tax Division in accordance with the instructions on the reverse side. An extension of 180 days for filing a city income tax return for the year stated above is hereby requested for the following reason: \_\_\_\_\_

This form only serves to extend the time to file a city tax return. Any tax remaining due after the original due date of the return will be subject to penalty and interest as prescribed in the city tax codes.

**Part 3 SIGNATURE**

**Signature of taxpayer(s).** I declare that the extension requested herein for filing a city income tax return for the taxable year stated is necessary for the reason given above and that I am authorized to sign this request.

**Sign  
Here**

Signature

Title (if officer of the Corporation)

Date

If request is not signed by the taxpayer, enter the name and address of the firm.

Name of Firm

Address

This form may be electronically filed and paid at [www.columbus-tax.net](http://www.columbus-tax.net)