City of Columbus, Income Tax Division

Joint Economic Development District/Zone (JEDD/JEDZ) For Calendar Year ending December 31

2016

DK-	42	4 J	Application	n for	Filing Ex	tensi	ion	Fiscal Year Beginning_			Ending	
Part 1	ACC	OU	JNT INFORMATI	ON								
						EIN/FID Number				JEDD OR JEDZ OF INCOME:		
Name —										JEDD ON JEDZ OF INCOME.		
Address					Filing Status - check only one			. 1.				
					C-Corporation			2.				
City	ity					S-Corporation Fiduciary (Trust and Estates)						
State	Zip Code				Partnership/Association (do not use this form for Schedule C			3.				
Part 2	FXT	EXTENSION INFORMATION					filers)					
r art 2					0-1			Onlywy 2				
JEDD/JED2	IEDD/IEDZ		ESTIMATED TAX ESTIM		Column ESTIMATI TAX DUI	ED	Column 3 LESS AMOUNT PAID ON CURRENT ESTIMATE AND/OR		D	Column 4 NET TAX DUE		
3LDD/3LD2			TAXABLE INCOME		TAX DOI	ANY OVERPAYMENT CREDITS			TEN	ITATIVE AMOUNT		
North Pickaway County JEDD		20		2.5%								
		20		2.5 /6								
Prairie-Obetz JEDZ		21		2.5%								
PrairieTownship		22		2.5%								
JEDD												
								Payment (with this extension)			
Make payable to: COLUMBUS CITY TREASURER						,			,	Payment can only be accepted		
Mail to:			nbus Income Tax Div ox 182437	/ision						for the cities	listed above.	
	Co	olun	nbus, Ohio 43218-24	37								
								Columbus Income T				
instructions of for the follow				n of 180	days for filing a	a city inc	ome tax	return for the year sta	ated a	ibove is her	eby requested	
This form on	lv serve	s to	extend the time to file	e a JEDI	D/JEDZ citv tax	return.	Anv tax	remaining due after the	ne ori	ginal due da	ate of the return	
			and interest as preso				,			J		
Part 3	SIGN	ΑT	URE									
Signature of	f taxpay	er(s	s). I declare that the	extensi	on requested h	erein foi	r filing a	city income tax return	for th	ie taxable ye	ear stated is	
necessary fo	or the rea	asor	given above and tha	t I am a	uthorized to sig	ın this re	equest.					
Sign										ļ		
	Signature				1	Title (if officer of the Corporation) Date					Date	
If re	quest is	not	signed by the taxpay	er, ente	r the name and	addres	s of the f	irm.				

Address

This form may be electronically filed and paid at www.columbustax.net

Name of Firm