Form **BR-42**

City of Columbus, Income Tax Division

Application for Filing Extension

For Calendar Year ending December 31, **2017**

Fiscal Year Beginning _____ Ending _____

Part 1 ACCOUNT INFORMATION

Name _____

Address _____

City _____

State 0 _____ Zip Code _____

EIN/FID Number

Filing Status - check only one

- ☐ C-Corporation
- ☐ S-Corporation
- ☐ Fiduciary (Trust and Estates)
- ☐ Partnership/Association *(do not use this form for Schedule C filers)*

CITY OR CITIES OF INCOME

1. _____
2. _____
3. _____

Part 2 EXTENSION INFORMATION

CITY		Column 1 ESTIMATED TOTAL TAXABLE INCOME	TAX RATE	Column 2 ESTIMATED TAX DUE	Column 3 LESS AMOUNT PAID ON CURRENT ESTIMATE AND/OR ANY OVERPAYMENT CREDITS	Column 4 NET TAX DUE 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%			

Payment **(with this extension)** $

Payment can only be accepted for the cities listed above.

Make payable to: **COLUMBUS CITY TREASURER**

Mail to: Columbus Income Tax Division
PO Box 182437
Columbus, Ohio 43218-2437

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.columbustax.net

Rev. 6/16/17