

**Part A ACCOUNT INFORMATION**

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

CITY	ESTIMATED TOTAL TAXABLE INCOME	TAX RATE	ESTIMATED TAX DUE	LESS AMOUNT PAID ON CURRENT ESTIMATE AND/OR ANY OVERPAYMENT CREDITS	NET TAX DUE (TENTATIVE AMOUNT)
COLUMBUS	01	2.5%			

**Payment**  
(with this extension)

\$ \_\_\_\_\_

Payment can only be accepted for the city of COLUMBUS.

Make payable to: **COLUMBUS CITY TREASURER**  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

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 available on our website [www.columbustax.net](http://www.columbustax.net).

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

▶ \_\_\_\_\_

Name of Firm	Address
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