

**Part 1 ACCOUNT INFORMATION**

Name(s) and Current Address	EIN / FID Number	CITY OR CITIES OF INCOME 1. _____ 2. _____ 3. _____
	Filing Status - check only one <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Fiduciary (Trusts and Estates) <input type="checkbox"/> Partnership/Association ( <i>do not use this form for Schedule C filers</i> )	

**Part 2 EXTENSION INFORMATION**

CITY	ESTIMATED TOTAL TAXABLE INCOME 1	TAX	ESTIMATED TAX DUE 2	LESS AMOUNT PAID ON CURRENT ESTIMATE AND/OR ANY OVERPAYMENT CREDITS 3	NET TAX DUE TENTATIVE AMOUNT 4
NORTH PICKAWAY COUNTY JEDD 20		* 2.125%			

\*Blended tax rates for fiscal year taxpayers

Payment (with this extension)

\$

Payment can only be accepted for the city listed above.

Fiscal Year Ending	Tax Rate
31-Oct-09	2.042
30-Nov-09	2.083
31-Dec-09	2.125
31-Jan-10	2.167
28-Feb-10	2.208
31-Mar-10	2.250
30-Apr-10	2.292
31-May-10	2.333
30-Jun-10	2.375
31-Jul-10	2.417
31-Aug-10	2.458
30-Sep-10	2.500

Make checks payable to:  
Mail to:**CITY TREASURER**  
Columbus Income Tax Division  
50 W. Gay Street, 4th Floor  
Columbus, Ohio 43215

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 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
--------------	---------