



Application for Auto Extension of Time To File Springfield Income Tax Return

SF- 4868

Year _____

PLEASE TYPE OR PRINT First name, initial, spouse's name and initial Last Name Social Security number Number and Street Spouse's Social Security number City or Town State Zip Code Employer ID number EXTENSION IS REQUESTED FOR: [] INDIVIDUAL [] CORPORATION [] PARTNERSHIP [] ESTATE [] CALENDAR YEAR FILER [] FISCAL YEAR FILER

INSTRUCTIONS: Prepare this form in duplicate. File the original with the Springfield Income Tax Department on or before the due date for filing your return (if you wish to have an approved copy, you must enclose a stamped pre-addressed envelope.) Attach the duplicate to your Springfield Income Tax Return when filed.

INDIVIDUAL RETURNS When form SF-4868 is timely filed, an automatic extension will be granted for individual returns until August 30th of the year the return is due. The tentative tax must be paid with this application for extension.

CORPORATIONS PARTNERSHIPS ESTATES When an extension of greater than four months is requested, the tax tentatively determined to be due must be paid by the last day of the fourth month. The uniform City Income Tax Ordinance limits the extension of time for filing annual returns to six months from the due date. A month extension of time for filing until is hereby requested in which to file the Springfield Tax Return as indicated above for the calendar year or the fiscal year beginning and ending .

TENTATIVE TAX COMPUTATION:

Table with 2 columns: Description and Amount. Rows include: 1 Tentative City of Springfield Income Tax, 2 Less: a. City Income Tax Withheld, b. Estimated Tax Paid to Springfield, c. Other Credits, d. Total Credits (add lines a, b and c), 3 Balance Due (line 1 less line 2d)

ANY BALANCE DUE MUST BE PAID WITH THIS APPLICATION

SIGNATURE AND VERIFICATION:

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete; if prepared by someone other than the taxpayer, I am authorized to prepare this form.

Signature of taxpayer: _____ Date _____

Signature of spouse: _____ (if filing jointly, both must sign) Date _____

Signature of preparer: _____ Date _____

MAIL TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774

(Make checks payable to: City of Springfield)

Your request for an Extension is: APPROVED DENIED

By: _____ Finance Director Date _____