

Application for Automatic Extension of Time To File SPRINGFIELD Income Tax Return

Tax Year _____



Please Type or Print: Your first name and initial (if joint, also give spouse's name and initial) Last name Your social security number Present home address (number and street or rural route) If P.O. Box, also give street address Spouse's social security number City, town or post office, state and 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 Division 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 in which it will be returned.) Attach the duplicate to your Springfield Income Tax Return when filed.

INDIVIDUAL RETURNS: When form S-4868 is filed timely, an automatic extension will be granted for INDIVIDUAL RETURNS until August 30 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 _____, 20_____ is hereby requested in which to file the Springfield Tax Return as indicate above for the calendar year _____ or the fiscal year beginning _____, 20_____ and ending _____, 20_____.

TENTATIVE TAX COMPUTATION:

- 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 line 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 some one other than the taxpayer, I am authorized to prepare this form.

Signature of taxpayer: _____ Date: _____

Signature of spouse: _____ Date: _____ (If filing jointly, BOTH MUST sign)

Signature of preparer other than the taxpayer: _____ Date: _____

MAIL TO: SPRINGFIELD INCOME TAX, 601 AVENUE A, SPRINGFIELD, MI 49015-1499 (Make checks payable to: CITY TREASURER)

Your request for an Extension is: [] APPROVED [] DENIED

By: _____ Date: _____ Income Tax Administrator