



Office Use Only:

APPLICATION FOR EXTENSION OF TIME TO FILE VAN WERT CITY INCOME TAX RETURN

Income Tax Department
515 E Main St
Van Wert, OH 45891
PH: 419-238-6020

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

OR FISCAL PERIOD: _____ TO _____

PLEASE PRINT OR TYPE

LAST NAME FIRST NAME MI

LAST NAME (if joint filing) FIRST NAME MI

SOCIAL SECURITY OR ACCOUNT NO. OF TAXPAYER OR FIN

SOCIAL SECURITY OR ACCOUNT NO. OF TAXPAYER OR FIN (if joint filing)

ADDRESS APT #

CITY STATE ZIP

PLEASE NOTE: FILE THIS FORM WITH THE CITY OF VAN WERT INCOME TAX DEPARTMENT ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY ANY AMOUNT YOU OWE.

AN EXTENSION TO FILE THE RETURN IS NOT AN EXTENSION OF TIME TO PAY THE TAXES DUE.

I request a six-month extension of time to file the City of Van Wert Income Tax Return for the tax year ending: _____

Fiscal year filers enter extended due date: _____

Calculation of Tax Liability Due with this Extension:

- 1. Total Van Wert Tax Liability..... \$ _____
- 2. Total payments and credits..... \$ _____
- 3. Balance due (Subtract Line 2 from Line 1)..... \$ _____

***** Complete the section below if tax liability to Van Wert in line 3 above will exceed \$200.00. *****

Calculation of Declaration of Estimated taxes for tax year ending _____.

- 4. Estimated income subject to Van Wert tax for following tax year..... \$ _____
- 5. Estimated tax due: 1.72% (0.0172 times Line 4)..... \$ _____
- 6. Van Wert tax to be withheld by employer..... \$ _____
- 7. Declaration of estimated tax due (Line 5 minus Line 6)..... \$ _____
- 8. Amount of Declaration due (Enter at least 22.5% of Line 7 for first quarter or at least 90% for annual). Statements for quarters 2, 3 & 4 will be sent to you based upon the declaration and payments made. (Must pay 100% of prior year tax due or 90% of current tax year to avoid penalty and interest)
- 9. **Total amount included with extension (add Lines 3 and 8)..... \$ _____**

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 and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE PHONE NUMBER EMAIL ADDRESS DATE

SIGNATURE OF JOINT FILER (if applicable) PHONE NUMBER EMAIL ADDRESS DATE

INSTRUCTIONS

Use this from, copy of Federal Extension or letter to request an automatic six-month extension from the due date of return. To receive the extension you must:

- 1. Complete form correctly.
- 2. File it by DUE DATE of your return.
- 3. Pay the amount shown on line 9.

This form does NOT extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe penalty & interest.