

**APPLICATION FOR EXTENSION OF TIME
TO FILE INCOME TAX RETURN**

Prepare this form in duplicate. File the original with the City's Income Tax Department on or before the due date for filing a return. Attach the duplicate to your city income tax return.

NAME	TAXABLE PERIOD Calendar Year _____ Fiscal Year Ending _____
ADDRESS (STREET NUMBER AND NAME)	TYPE OF RETURN <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Resident <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Non-Resident
CITY, STATE & ZIP CODE	Employer Identification Number or Social Security Number _____

Reason for extension request:

The City Income Tax Ordinance limits the extension of time for filing annual returns to **SIX** months from the original due date.

A _____ month extension of time is hereby requested in which to file the income tax return of the above named taxpayer. The extended due date of this return is the last day of _____, 20 _____.

TENTATIVE TAX RETURN
THE TENTATIVE TAX BALANCE DUE MUST BE PAID WITH THIS EXTENSION.

- | | | |
|----|---|-----------------|
| 1. | Tentative Tax (Estimate total tax liability)..... | \$ _____ |
| 2. | Less: | |
| | a. Estimated income tax payment..... | \$ _____ |
| | b. Other credits..... | \$ _____ |
| 3. | BALANCE DUE (Line 1 less lines 2a and 2b)..... | \$ _____ |

(Include payment of this amount with extension)
The extension is automatically granted upon payment of the tentative tax balance due. Failure to pay tentative tax (if due) could result in penalty for failure to pay.

Signature of taxpayer, officer or agent _____
Date

**MAIL TO: City of Hamtramck
Income Tax Department
3401 Evaline Avenue
Hamtramck, MI 48212**