



# INCOME TAX EXTENSION REQUEST

## Applicant Information

Name	
SSN or FEIN	
Mailing Address	
Phone Number	

## Extension Request Information

I hereby request an extension of time for filing the City of Struthers Income Tax Return for the calendar year: 20\_\_ or fiscal year: 20\_\_

Individual 4-month extension to August 15<sup>th</sup>, 20\_\_

Calendar year 6-month Corporate or Partnership extension to October 15<sup>th</sup>, 20\_\_

Fiscal year 6-month Corporate extension to \_\_\_\_\_, 20\_\_

## Acknowledgement

The undersigned understands that this is NOT an extension for paying the tax owed; only the extension of file date.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Preparer other than taxpayer