

FILING EXTENSION REQUEST FORM
MUNICIPAL INCOME TAX

File this form or a copy of your FEDERAL EXTENSION with the
SALEM CITY INCOME TAX DEPARTMENT by the ORIGINAL FILING DUE
DATE: Calendar Year: April 15
Fiscal Year: 105 days from the end of the fiscal year

FOR MUNICIPALITY OF SALEM , OHIO ACCOUNT NUMBER _____

SSN _____ EIN _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I HEREBY REQUEST AN EXTENSION OF TIME FOR FILING THE MUNICIPAL INCOME TAX RETURN
FOR: _____ CALENDAR YEAR _____ FISCAL YEAR

CHECK APPROPRIATE LINE AND COMPLETE:

____ Individual 4 month extension to August 15, _____

____ Individual additional extension to _____, _____

____ Calendar year 3 month Partnership extension to July 15, _____

____ Calendar year 6 month Corporate extension to September 15, _____

____ Fiscal year 6 month Corporate extension to _____, _____

I UNDERSTAND THIS IS NOT AN EXTENSION FOR PAYING THE TAX OWED.

Taxpayer Signature

Preparer Signature if other than Taxpayer