

Salem City Income Tax Department  
231 South Broadway Avenue

Salem, Ohio 44460

330-332-4241 ext 225

Fax 330-337-0246

taxes@cityofsalemohio.org

## FILING EXTENSION REQUEST FORM

SALEM, OHIO MUNICIPAL INCOME TAX

TAX YEAR \_\_\_\_\_

File this form or a copy of your Federal Extension Form with the Salem City Income Tax Department by the Original Filing Due Date:

**Calendar Year Filers:** April 15

**Fiscal Year Filers:** 105 days from the end of the fiscal year

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 or \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

Please note: the extended due date for filing the Municipal Income Tax Return is the last day of the month following the month to which the due date of the Federal Income Tax Return has been extended.

CHECK APPROPRIATE LINE AND COMPLETE IF NECESSARY:

\_\_\_\_\_ Individual 4 month extension to September 15

\_\_\_\_\_ Individual additional extension to November 15.

\_\_\_\_\_ Calendar year 3 month Partnership extension to August 15

\_\_\_\_\_ Calendar year 6 month Corporate extension to October 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

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