



**CITY OF CINCINNATI  
 INCOME TAX DIVISION  
 805 CENTRAL AVENUE SUITE 600  
 CINCINNATI OH 45202-5756**

**EXTENSION REQUEST FORM  
 (Due on the Return Due Date)**

TAX YEAR

TAX YEAR END DATE

RETURN DUE DATE

The undersigned or duly authorized agent hereby requests an extension of time as indicated above within which to file the annual Cincinnati Income Tax Return for the taxpayer account name(s) and account number(s) listed below. To the best of my knowledge and belief, all other filing and payment requirements have been fulfilled. **I understand an approved extension will be rescinded if the taxpayer's account is later found to be in arrears.**

The taxpayer(s) has (have) complied with all filing and payment requirements of CMC Section 311

Signature/Date \_\_\_\_\_

**IMPORTANT:** To insure proper processing, type or print each taxpayer's Cincinnati tax account number, name, SSN/FID, and the amount paid with this extension request in the format indicated below. Mailed requests are to be marked "EXTENSION" in the lower left corner of the envelope.

CINCINNATI ACCT #	TAXPAYER NAME	SSN/FID #	PAYMENT AMT (if required)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____