

# City of Stow

Income Tax Division  
P.O. Box 1668 • Stow, Ohio 44224  
(330) 689-2849

## REQUEST FOR AUTOMATIC SIX MONTH EXTENSION TAX YEAR 2015

This is a request for an extension of time to file your Stow Income Tax Return. All requests for an automatic extension of time to file must be received on or before April 18, 2016.

**(THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX OR YOUR DECLARATION)**

YOUR NAME \_\_\_\_\_ YOUR S.S. # \_\_\_\_\_  
SPOUSE NAME \_\_\_\_\_ SPOUSE S.S. # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### ESTIMATED TAX PAYMENTS ARE REQUIRED WITH ALL EXTENSION REQUESTS

a) 2015 ESTIMATED TAX DUE	a) \$ _____
b) 2015 ESTIMATED TAX PAID	b) \$ _____
c) 2015 ESTIMATED BALANCE DUE (a - b)	c) \$ _____
d) 2016 ESTIMATED TAX	d) \$ _____
e) FIRST QUARTER 2016 ESTIMATED TAX (25% of d)	e) \$ _____
f) <b>AMOUNT DUE WITH THIS FORM (c + e)</b>	f) \$ _____

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR SIGNATURE OR PREPARERS SIGNATURE

I REQUEST A SIX-MONTH EXTENSION OF TIME TO FILE MY ANNUAL STOW CITY INCOME TAX RETURN. UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND IF PREPARED BY SOMEONE OTHER THAN THE TAXPAYER, I AM AUTHORIZED TO PREPARE THIS FORM.