

CITY OF HENDERSON
APPLICATION FOR EXTENSION OF TIME
TO FILE NET PROFIT TAX RETURN

Name

License Account Number

Number and Street or PO Box

City, State and Zip Code

Has your organization currently requested an extension of time to file with the Internal Revenue Service? Yes [] No []

An extension of time until _____ is hereby requested to file the Net Profit Tax Return of the organization named above for the taxable year beginning _____ and ending _____. (Extension cannot be granted for more than 6 months unless a longer extension is granted by the IRS)

State in detail the reason the extension of time to file is needed.....

\$

AMOUNT PAID

SIGNATURE

Under penalties of perjury, I declare that I am authorized to make this application for the above named organization, and that to the best of my knowledge and belief the statements made herein are true, correct and complete.

Signature

Title

Date

INSTRUCTIONS:

DUE DATE: The Director of Finance has the authority to extend the time for filing the net profit license fee return, provided the extension request is made on or before the required due date of the return.

INTEREST: If the Director of Finance grants an extension of time for filing a return, any balance unpaid when payment is due, without regard to extension granted, shall bear interest at the rate of one (1) percent per calendar month or fraction of month.

MAIL TO: CITY OF HENDERSON
PO BOX 671
HENDERSON, KY 42419-0671

Phone: (270) 831-1290, ext. 229 or
(270) 831-1200