

City of Fairfield



APPLICATION FOR EXTENSION REQUEST

(Due on or before the Original Due Date of Return)

Original Due Date of Return

Extension Date Requested

Previous Extension Date

The undersigned taxpayer, or duly authorized agent for the taxpayer, hereby requests an extension of time as indicated below within which to file an annual Fairfield Income Tax return, form IR (Individual) or BR (Business), for the taxpayer account and number shown below. The reason for this request is: **(Note: 1 or 2 must be completed)**

1. _____ An extension has been requested of the IRS for filing the federal income tax return and the Fairfield extension would not be more than six (6) months beyond the original due date of return.

2. _____ Other (explain): _____

NOTE: *A copy of the Federal extension must accompany extension or final return.*

Signature of Requisitioner

Date

NAME OF TAXPAYER(S) EXTENSION REQUESTED FOR: (All accounts are by SS# or FID#)

Taxpayer(s)

Address

SS# or FID # (Required)

Reason(s) for Disapproval:

- _____ Request received after due date for filing.
- _____ Social Security Number or Federal Identification Number not included.
- _____ Taxpayer's account is delinquent from prior years.

NOTE: An extension does not waive the tax due by April 15th, an estimated liability amount must be paid-in at the time of the extension request. Failure to do so will require our office to assess interest as required under Section 181.10 of the Fairfield Earned Income Tax Ordinance.

_____	Disapproved
_____	Approved