

**EXTENSION FORM**  
**VILLAGE OF SCIO INCOME TAX**

Social Security No.: \_\_\_\_\_

Federal ID No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone number/cell: \_\_\_\_\_

I hereby request an extension of time for filing my Village Income Tax.

Return for: Calendar Year \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

CHECK APPROPRIATE LINE AND COMPLETE:

**Copy of appropriate Federal Extension Request must be attached to this request.**

\_\_\_\_\_ **Individual four (4) month extension to August** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ **Individual additional extension to** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ **Calendar year six (6) month Corporate or Partnership extension to  
October 15,** \_\_\_\_\_.

\_\_\_\_\_ **Fiscal year six (6) month Corporate extension to** \_\_\_\_\_, \_\_\_\_\_

**NOTE:**

**I understand that this is NOT AN EXTENSION FOR PAYING THE TAX OWED.**

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Preparing (if other than Taxpayer)

\_\_\_\_\_  
Date