

FOR TAX OFFICE USE ONLY:

YEAR: _____

ACCT: _____

FOR TAX OFFICE USE ONLY:

DATE: _____

BATCH: _____

CITY OF GREENVILLE

Department of Taxation
100 Public Square
Greenville, Ohio 45331-1499
Telephone Number (937) 548-5747
Fax Number (937) 548-3035

EXTENSION REQUEST FORM

(FORM ERF-INT)

NOTE: COMPLETED EXTENSION REQUEST FORMS MUST BE RECEIVED BY THE TAX DEPARTMENT ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. LATE REQUESTS WILL BE ACCEPTED, BUT WILL BE SUBJECT TO ALL APPLICABLE LATE FILING PENALTIES.

*****TAXPAYER TO COMPLETE ALL INFORMATION WITHIN THE SHADED AREA*****

DATE OF REQUEST: _____ FOR TAX YEAR: _____

ORIGINAL DUE DATE OF RETURN: _____

EXTENSION REQUESTED TO (DATE): _____ (NOT TO EXCEED SIX (6) MONTHS)

TAXPAYER'S NAME: _____
(IF FILING A JOINT RETURN, LIST BOTH NAMES)

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

SSN OR FIN: _____
(IF FILING A JOINT RETURN, LIST BOTH SSN'S)

FOR TAX OFFICE USE ONLY

EXTENSION REQUEST GRANTED TO: _____

EXTENSION REQUEST GRANTED BY: _____

EXTENSION REQUEST DENIED: REASON: _____

TAX PREPARER'S INFORMATION

PREPARER'S NAME: _____

PREPARER'S PHONE #: _____

PREPARER'S FAX #: _____