

# VILLAGE OF ARCANUM

## DEPARTMENT OF TAXATION EXTENSION REQUEST FORM

PHONE 937-692-8500  
FAX 937-692-5163

PO BOX 157

ARCANUM, OH 45304  
www.villageofarcanum.com

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Spouse SS #: \_\_\_\_\_

I am requesting an extension for my tax return for tax year \_\_\_\_\_

### **EXTENSION FILING DUE BY APRIL 16<sup>TH</sup> OF TAX YEAR**

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

\_\_\_\_\_  
Date

**SIX MONTH EXTENSION DUE DATE      \*\*OCTOBER 16<sup>TH</sup> OF YEAR DUE\*\***

Extension Request:

Approved

Denied

\_\_\_\_\_  
Nola Ditmars, Tax Administrator      Date