

VILLAGE OF ARCANUM

DEPARTMENT OF TAXATION EXTENSION REQUEST FORM

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

PO BOX 157

ARCANUM, OH 45304
www.villageofarcenum.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 15TH OF TAX YEAR

Taxpayer Signature

Date

SIX MONTH EXTENSION DUE DATE **OCTOBER 15TH OF YEAR DUE**

Extension Request:

Approved

Denied

Nola Ditmars, Tax Administrator Date