

APPLICATION FOR EXTENSION OF TIME TO FILE  
CITY INCOME TAX RETURN

FOR CALENDAR YEAR ENDING DECEMBER 31, 20\_\_\_\_\_

OR

FISCAL YEAR \_\_\_\_\_ TO \_\_\_\_\_

**FOR OFFICE USE ONLY**

PAID \$ \_\_\_\_\_  
CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_  
DATED \_\_\_\_\_

FILE IN ACCORDANCE WITH INSTRUCTIONS ON THE REVERSE SIDE  
OF THIS FORM. **PAYMENT MUST ACCOMPANY APPLICATION.**

**DUE ON OR BEFORE DUE DATE OF RETURN**

**PART I**

Account No. _____	1. City of Residence _____
Name _____	2. City of Employment _____
Address _____	S. S. No. _____
City, State, Zip _____	Fed. I.D. No. _____

**PART II**

ESTIMATED TOTAL TAXABLE INCOME	TAX RATE 1%	ESTIMATED TAX DUE	LESS: CREDITS AND / OR PRIOR PAYMENTS	NET TAX DUE

**PART III**

I HEREBY REQUEST AN EXTENSION OF \_\_\_\_\_ DAYS ( NOT TO EXCEED SIX MONTHS) UNTIL \_\_\_\_\_, 20\_\_\_\_\_ FOR FILING THE CITY OF WAVERLY INCOME TAX RETURN FOR THE YEAR STATED ABOVE FOR THE FOLLOWING REASON (S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I DECLARE THAT THE EXTENSION REQUESTED HEREIN FOR FILING THE WAVERLY CITY INCOME TAX RETURN FOR THE TAX YEAR STATED IS NECESSARY FOR THE REASON(S) GIVEN ABOVE AND THAT I AM AUTHORIZED TO SIGN THIS REQUEST.

\_\_\_\_\_  
SIGNATURE (TAXPAYER, OFFICER OR AGENT)      \_\_\_\_\_  
TITLE (IF OFFICER OR AGENT)      \_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE (IF APPLICABLE)

---

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_