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 _____