FORM 20

REGIONAL INCOME TAX AGENCY

Declaration of Estimated Municipal Tax on Net Profits and / or Application for Extension of Time to File

FORM EXTEN

| Fed. ID | #: T | ax Year Ending (mm/dd/yy): | |
|--|---|--------------------------------|---------------------------|
| Name: | | | |
| Addres | s #: Street: | | Suite: |
| City: _ | | State: Zip: | |
| Comput | ation of Estimated Tax: | | |
| 1. Total Estimated Tax (from distribution below) | | | \$00 |
| 2. Less Prior Year Credit | | | \$00 |
| 3. Total | Tax Due | | \$00 |
| 4. Amou (not le | ınt Paid (make check payable to Rl ess than 1/4 of estimated tax) CHE | TA) CK #: | .00 |
| 5. Distr | ibute Estimated Tax from Line 1 ab | ove (if additional space is ne | eeded, attach a schedule) |
| • | Municipality: | | Amount: |
| | | | \$00 |
| | | | \$00 |
| | - | | \$00 |
| | | | .00 |
| | | | \$00 |
| | | - | \$00 |
| | | | \$00 |
| | | | \$00 |
| | | | \$00 |
| | | | \$00 |
| HAVE | EXAMINED THIS RETURN, AND TO | THE BEST OF MY KNOWLE | DGE, IT IS CORRECT. |
| PRINT N | AME | TITLE | DATE |
| PHONE: | | | |
| REMIT 1 | O: AL INCOME TAX AGENCY | | |

REMIT TO: REGIONAL INCOME TAX AGENCY P.O. BOX 89475 CLEVELAND, OH 44101-6475

DIRECTIONS FOR APPLYING FOR EXTENSION OF TIME TO FILE

All extension requests must be made on or before the date for filing the return, and for good cause shown, the Administrator may extend the time for filing such returns for a period not to exceed six (6) months, or to the last day of the month following the month of any extension granted by the Federal Internal Revenue Service.

In cases where extensions have been granted by the Internal Revenue Service, automatic or other, an automatic extension shall be granted by the Administrator upon receipt of written notification on or before the due date of the return not to exceed six (6) months, or to the last day of the month following the month of any extension granted by the Federal Internal Revenue Service.

Information returns, schedules, and statements needed to support tax returns are to be filed within the time limits set forth for filing the tax returns and made a part thereof. In cases where an extension has been granted by the Internal Revenue Service, attach a copy of the said extension and return it to the Regional Income Tax Agency.

| SECTION 1: ATTACH A COPY OF FEDERAL EXTENSION | | | | | | |
|--|----------------|-------------------------------------|------------------|--|--|--|
| The above named is hereby requesting an extension of time until (mm/dd/yy) | | | | | | |
| in which to file the municipal income tax return for the calendar year or other taxable | | | | | | |
| year beginning (mm/dd/yy) | | and ending (mm/dd/yy) | | | | |
| Please state in detail the reason the exte | ension is need | ded (if for subsidiaries – list nar | me, address, and | | | |
| employer identification number). | | | | | | |
| | | | | | | |
| SECTION 2: MUST BE COMPLETED BY ALL | | | | | | |
| Payment requirement: In cases where a balance is due on the annual return, the entire amount of estimate balance is due at the time the extension is filed. (Note: No penalty will be charged in those cases in which the return is filed and the final tax paid within the period as extended, provided all other filing and payment requirements of the Ordinance have been met.) You MUST distribute estimated tax from Line1 below on Pg. 1 of Form 20, Section 5. If additional space is needed, attach a schedule. | | | | | | |
| (1) Estimated tax for taxable year | \$ | .00 | | | | |
| (2) Less payments of estimated tax | \$ | .00 | | | | |
| (3) Balance due | \$ | .00 | | | | |
| SECTION 3: DOES NOT HAVE TO BE COM | VIPLETED IF F | EDERAL EXTENSION ATTACHE | :D | | | |
| Verification: Taxpayer – Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct. | | | | | | |
| Signature: | | Date: | | | | |
| Preparer other than taxpayer – Under pebelief, the statements made herein are this application. | | | | | | |

Date:

Signature of preparer: