

# APPLICATION FOR EXTENSION OF TIME TO FILE LANSING INCOME TAX RETURN

First Name and Initial	Last Name	Your Social Security Number
<div></div>		<div></div>
If Joint, Spouse's First Name and Initial		Spouse's Social Security Number
<div></div>		<div></div>
Company Name (If Corporate or Partnership Return)		Employer Identification Number
<div></div>		<div></div>
Address (Number and Street or Rural Route)		
<div></div>		
City, Town or Post Office	State	Zip Code
<div></div>		<div></div>
		Check type of return to be filed: <input type="checkbox"/> L-1120 <input type="checkbox"/> L-1065 <input type="checkbox"/> L-1040 <input type="checkbox"/> L-1041

The Uniform City Income Tax Ordinance limits the extension of time for filing annual returns to SIX months from the original due date.

A \_\_\_\_\_ - month extension of time until \_\_\_\_\_, 20\_\_\_\_\_, is hereby requested in which to file the Lansing Income Tax Return of the above for the taxable year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**NOTE:** This is NOT an extension of time for payment.

The tax tentatively determined to be due must be paid with this application. No late payment penalty will be imposed if the tax paid through withholding, estimated tax payments or a payment accompanying this extension is at least 100% of the total tax due with your Lansing Income Tax Return.

<b>TENTATIVE TAX</b>		
1. Tentative City of Lansing Tax	1.	.00
2. Less:		
A. Payments of estimated Lansing Income Tax	2a.	.00
B. Lansing Income Tax Withheld	2b.	.00
C. Other credits	2c.	.00
3. Balance due—subtract lines 2a. through 2c from line 1	3.	.00

Signature of Taxpayer, Officer or Agent

Date \_\_\_\_\_

Make check payable to: City of Lansing

Mail to: Lansing City Income Tax Division, P.O. Box 40752, Lansing, MI 48901