Form N-7:EXT

EXTENSION REQUEST - NET PROFITS TAX RETURN

CITY OF CLEVELAND HEIGHTS

FILE BY: April 15th or within 3 ½ months of Fiscal Year Ending

City of Cleveland Heights
Income Tax Division
PO BOX 18850
Cleveland, Ohio 44118
(216) 291-3978 Office
(216) 291-3790 Fax

Federal ID No.:

ENTITY
NAME
ADDRESS
CITY
STATE
ZIP

Extensions do not apply to following tax year estimate. **Anticipated tax due must be paid with extension request.**

❑ Calendar Year

❑ Fiscal Year Ending ____ / ____ / ____

PLEASE COMPLETE FEDERAL ID NO., NAME AND ADDRESS, THAT INFORMATION IS REQUIRED FOR EXTENSION PROCESSING.

Check type of Federal Return to be filed: ❑ 1120 ❑ 1120S ❑ 1065 ❑ Other _____

DO NOT USE THIS FORM for SOLE PROPRIETORSHIP (File Schedule C)

I request an extension of time until _____ / _____ / _____, to file the City of Cleveland Heights Net Profits Tax Return for above named entity for ❑ calendar year _____, or ❑ fiscal year beginning _____ / _____ / _____, and ending _____ / _____ / _____. (Attach copy of Federal Extension to this Form.)

NOTE: AN EXTENSION IS FOR FILING ONLY, PAYMENT OF ALL TAX EXPECTED TO BE OWED MUST BE INCLUDED WITH THIS REQUEST. COMPLETE THE TENTATIVE RETURN AND DECLARATION BELOW.

TENTATIVE TAX RETURN

1. City of Cleveland Heights Tax Liability for Tax Year Extended (enter -0- if none expected) ---------- 1. $ _____
2. Estimated Tax Payments / Prior Year Credit Carryforward ---------- 2. $ (_____)
3. Anticipated Tax Due for Year Extended (line 1 less line 2) ---------- 3. $ _____

DECLARATION OF ESTIMATED TAX (Required if tax will exceed $100.00 - CANNOT BE EXTENDED)

4. Estimate Tax Due for Current Year (at the least: equal to Line 1 of tentative return) ---------- 4. $ _____
5. First Quarter Payment Due (divide line 4 by 4) ---------- 5. $ _____
6. Enter Credit Carried Forward From "Extended" Year Above ---------- 6. $ (_____)
7. Balance Due on 1st Quarter Estimate (line 5 less line 6) ---------- 7. $ _____

TOTAL DUE WITH EXTENSION REQUEST (line 3 plus line 7) ---------- $ _____

SIGNATURE AND VERIFICATION.

Under penalties of perjury, I declare that I have been authorized by the above-named entity to make this application, and to the best of my knowledge and belief the statements made are true, correct, and complete.

_____ _____ _____
Signature of Officer or Partner | Title | Date

_____
Telephone Number where you can be reached for questions

****** FILE THIS RETURN WITH THE CITY OF CLEVELAND HEIGHTS ON OR BEFORE THE DUE DATE OF THE RETURN AND PAY THE AMOUNT DUE, THIS IS NOT AN EXTENSION OF TIME TO PAY. ******