



Village of Fort Recovery

INCOME TAX DEPARTMENT

Angie McAbee, Tax Administrator
Dave Kaup, Mayor

201 South Main Street | PO Box 459
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EXTENSION REQUEST FORM

Income Tax Department
201 S Main Street
P.O. Box 459
Fort Recovery, OH 45846
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Fax: (419)375-4709

NOTE: COMPLETED EXTENSION REQUEST FORMS MUST BE RECEIVED BY THE INCOME TAX DEPARTMENT ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN. THIS FORM DOES NOT EXTEND THE DUE DATE FOR PAYMENT OF TAX DUE; HENCE, PENALTY AND INTEREST MAY BE APPLIED TO ANY UNPAID TAX BALANCE.

TAXPAYER INFORMATION

DATE OF REQUEST: _____ FOR TAX YEAR: _____

ORIGINAL DUE DATE OF RETURN: _____

EXTENSION REQUESTED TO (DATE): _____ (Not to exceed 6 months)

TAXPAYER'S NAME: _____
(If filing joint return, list both names)

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

SSN OR FEIN: _____
(If filing joint return, list both)

SIGNATURE: _____