

APPLICATION FOR EXTENSION OF TIME TO FILE WALKER INCOME TAX RETURN

Prepare this return in duplicate. File the original with the Walker Income Tax Department on or before the due date for filing a return. When the original is filed, it may be assumed that the extension is automatically granted unless otherwise notified. Attach the duplicate to your Walker Income Tax Return.

Your First Name and Initial	Last Name	Your Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
If Joint, Spouse's First Name and Initial	Last Name	Spouse's Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
Company Name (If Corporate or Partnership return)		Employer Identification Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
Address (Number and Street or Rural Route)												
City, Town or Post Office	State	ZIP Code	Check type of return to be filed: <input type="checkbox"/> W-1040R <input type="checkbox"/> W-1120 <input type="checkbox"/> W-1040NR <input type="checkbox"/> W-1065									

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 Walker Income Tax Return of the above for the taxable year beginning _____, 20____, and ending _____, 20____.

FILE THIS FORM TO REQUEST AN EXTENSION OF TIME TO FILE--NOT AN EXTENSION OF TIME TO PAY

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, timely quarterly estimated tax payments and/or credits is at least 70% of the total tax due with your Walker Income Tax Return, and if the remaining balance is paid with this extension request. Failure to pay the tentative tax balance due invalidates the extension request.

TENTATIVE TAX			
1. Tentative City of Walker Tax	1. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">.00</td></tr></table>		.00
	.00		
2. Less:			
a. Payments of estimated Walker Income Tax	2a. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">.00</td></tr></table>		.00
	.00		
b. Walker Income Tax withheld	2b. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">.00</td></tr></table>		.00
	.00		
c. Other credits	2c. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">.00</td></tr></table>		.00
	.00		
3. Balance due--subtract lines 2a. through 2c. from line 1	3. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">.00</td></tr></table>		.00
	.00		

SIGNATURE OF TAXPAYER, OFFICER OR AGENT _____
DATE

Make check payable to: City Treasurer

Mail to: Walker City Income Tax Department, P.O. Box 153, Grand Rapids, MI 49501-0153