

FORM
EXTB



CITY OF TOLEDO BUSINESS EXTENSION PAYMENT VOUCHER

Type of Business _____

Toledo Account #

Employers Identification # (FEIN)

Name
Spouse Name
Street
Address
City,
State, Zip

USE ONLY IF MAKING A PAYMENT

A copy of your Federal Extension request must be included
when filing your return.

cut here ><

Extension Payment for Tax Year

Federal Extended Due Date _____

Amount of this Payment

\$

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **COMMISSIONER OF TAXATION**

Mail to: **CITY OF TOLEDO**
DIVISION OF TAXATION
PO Box 993
TOLEDO, OH 43697-0993

OFFICIAL USE ONLY