

FORM
EXT



CITY OF TOLEDO INDIVIDUAL EXTENSION PAYMENT VOUCHER

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account #

Social Security #

Taxpayer

Spouse (only if
joint filing)

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