EXTENSION FORM VILLAGE OF CADIZ INCOME TAX

Account Number:	OR Soc. Sec. No.:		
	Fed. ID No.:	Fed. ID No.:	
Name:			
Address:	***************************************		
City:	State:	Zip:	
I hereby request an extension o	f time for filing my Village Inc	ome Tax.	
Return for:			
Calendar Year: Fiscal	Year:		
CHECK APPROPRIATE LIN	E AND COMPLETE:		
Copy of appropriate Federal	Extension Request must be att	ached to this request	
*Individual four (4) mo	nth extension to August, _		
* Individual additional e	extension to,		
* Calendar year six (6) ı	month Corporate or Partnershi	p extension to October 15,	
*Fiscal year six (6) mon	th Corporate extension to		
NOTE:			
I understand that this is NOT A	AN EXTENSION FOR PAYING	G THE TAX OWED.	
Signature of Taxpayer	Date		

Signature of Person Preparing if Other Than Taxpayer