



Village of New Lexington
 Income Tax Bureau
 215 South Main Street
 New Lexington, OH 43764

FORM EXT 2019
 APPLICATION FOR EXTENSION OF TIME
 TO FILE INDIVIDUAL INCOME TAX RETURN

If you have filed a Federal extension request (Form 4868) with the Internal Revenue Service, there is no need to file an extension request with New Lexington. If you would like to file an extension with the Village of New Lexington this form is provided for your convenience.

PLEASE NOTE: Extensions are granted for filing your return only. Any tax that may be due on your 2019 return must be paid by April 15, 2020 to avoid penalty and interest charges. The tax department can assist you in determining any amount that may be due for 2019.

✂ ----- Detach Here -----

FORM EXT 2019

VILLAGE OF NEW LEXINGTON

| PART 1 | ACCOUNT INFORMATION | PART 2 | NEW LEXINGTON INCOME TAX |
|---------------------------------|---------------------|---|--------------------------|
| Your name | | Your city of residence | |
| Your Social Security Number | | City or cities where you and your spouse work | |
| Spouse's Name | | 1. Estimated tax liability for 2019 \$ _____ | |
| Spouse's Social Security Number | | 2. 2019 declaration estimate payments...\$ _____ | |
| Current Address | | 3. Balance due. Subtract line 2 from line 1 \$ _____ | |
| City, State and ZIP code | | Make check payable to <i>New Lexington Income Tax Bureau</i> . Even if you are granted an extension of time to file, you will be charged interest and penalty as stated above on any balance not paid by April 15 2020. | |

If an extension of time is necessary, file this form with any payment due on Part 2, line 3 above **on or before April 15, 2020.**

| PART 3 SIGNATURE | | |
|--|------|------------------------|
| Signature of taxpayer(s). I declare that the extension requested herein for filing a city income tax return for tax year 2018 is necessary for the reason given above and that I meet all requirements stated above and am authorized to sign this request. | | |
| Signature | Date | Phone Number |
| Spouse's Signature | Date | Alternate Phone Number |