

Form ER

VILLAGE OF SOUTH LEBANON EXTENSION FORM

Please type or print taxpayer(s) name, address, and social security number(s) below. If you would like a copy returned, please include (2) copies of the form along with a self-addressed stamped envelope to ensure proper return of your request form.

DATE OF REQUEST: _____ ORIGINAL DUE DATE OF RETURN: _____

FOR TAX YEAR: _____ EXTENSION REQUESTED TO (DATE): _____

Taxpayer's Name: _____		SSN: _____	
Spouse's Name: _____		SSN: _____	
Business Name: _____		Fed. ID No. _____	
Address: _____			
House No.	Street	Ste./Apt. No.	City State Zip code

TAX PREPARER'S INFORMATION:

Preparer's Name: _____

Preparer's Phone No. () _____ Preparer's Fax No. () _____

Preparer's Address: _____
House No. Street Name City State Zip Code

FOR TAX OFFICE USE ONLY

___ Extension Request Granted To: _____

___ Extension Request Granted By: _____

___ Extension Request Denied – Received After Due Date for Filing

___ No Such Person/SSN Established in South Lebanon

___ Other _____

NOTE: When filing under extension, please indicate at the top of the tax return form "EXTENSION GRANTED".