

Lexington-Fayette Urban County Government EXTENSION REQUEST

☐ CHECK IF CHANGE IN A	DDRESS IS BELOW			
Name		Accour	nt Number	
Address		Tax Ye	ar Ending	
City		State	Zip	
Phone		Ext		
must apply separately to this age be submitted by the 15th day of time in which to file the return. Individual Social Security Numb	er	thin which to file their loca e close of the tax year and a	al tax return. This application m	nust on of
Federal ID Number, if applicable				
An estimated payment of \$	is e	nclosed.		
Pursuant to KRS 67.790, there date.	is a minimum \$25.00 penalty fo	r failure to file and/or pay	any return or report by the du	ıe
	due must be paid by the original n the regular due date of the ret		= -	:r
please indicate the reason belo [] Tax year end chang [] Final return Busin [] Corporate Merger Name and Federal ID After this	ed to://	er on/v ill end on//	vith:	onths
[] Corporate Acquisiti Name and Federal ID	on Short year return due to th address:	e acquisition on/		
[] Other: (Please expl	ain.)			
Signature of Preparer		Date		

Print Name