



LEXINGTON

FISCAL YEAR FILER

CALENDAR YEAR FILER

**Lexington-Fayette Urban County Government
EXTENSION REQUEST**

CHECK IF CHANGE IN ADDRESS IS BELOW

Name _____ Account Number: _____

Address _____ Tax Year: **20** _____

City _____ State _____ Zip _____

Phone _____ Ext. _____

Each individual taxpayer or business entity registered with this agency for the purpose of reporting local occupational taxes must apply separately to this agency for an extension of time within which to file their local tax return. This application must be submitted by the **15th** day of the **fourth** month following the close of the tax year and allows a **six (6) month** extension of time in which to file the return.

Individual Social Security Number _____

Federal ID Number, if applicable _____

Office Use Only

An estimated payment of \$ _____ is enclosed.

Pursuant to KRS 67.790, there is a minimum \$25.00 penalty for failure to file and/or pay any return or report by the due date.

INTEREST - Full payment of tax due must be paid by the original due date of the return to avoid interest charges of 1% per month. Interest is assessed from the regular due date of the return until the tax due is fully paid.

NOTICE - CORPORATIONS AND PARTNERSHIPS: If this extension request is for a tax period of less than twelve (12) months, please indicate the reason below.

- [] Tax year end changed to: ____/____/____
- [] Final return -- Business ceased: ____/____/____
- [] Corporate Merger -- Short year return due to merger on ____/____/____ with:
 Name and address: _____
 Federal ID: _____
 After this short year return, our tax year will end on ____/____/____
- [] Corporate Acquisition -- Short year return due to the acquisition on ____/____/____ by:
 Name and address: _____
 Federal ID: _____
 After this short year return, our tax year will end on ____/____/____
- [] Other: (Please explain.) _____

Signature of Preparer

Date

Print Name

MAIL TO: DIVISION OF REVENUE, PO BOX 3204, LEXINGTON, KY 40588