Salem City Income Tax Department  
231 South Broadway Avenue  
Salem, Ohio 44460  
330-332-4241 ext 225  
Fax 330-337-0246  
taxes@cityofsalemohio.org

FILING EXTENSION REQUEST FORM  
SALEM, OHIO MUNICIPAL INCOME TAX

TAX YEAR____________ 

File this form or a copy of your Federal Extension Form with the Salem City Income Tax Department by the Original Filing Due Date: 

- **Calandar Year Filers:** April 15  
- **Fiscal Year Filers:** 105 days from the end of the fiscal year

Account Number ________________________________

SSN ________________________________ EIN ________________________________

NAME ____________________________________________

ADDRESS ____________________________________________

CITY __________________________ STATE ______ ZIP CODE ____________

I HEREBY REQUEST AN EXTENSION OF TIME FOR FILING THE MUNICIPAL INCOME TAX RETURN FOR: _____ CALENDAR YEAR or _____ FISCAL YEAR ________

Please note: the extended due date for filing the Municipal Income Tax Return is the last day of the month following the month to which the due date of the Federal Income Tax Return has been extended.

CHECK APPROPRIATE LINE AND COMPLETE IF NECESSARY:

- _____ Individual 4 month extension to September 15
- _____ Individual additional extension to November 15.
- _____ Calendar year 3 month Partnership extension to August 15
- _____ Calendar year 6 month Corporate extension to October 15
- _____ Fiscal year 6 month Corporate extension to ___________________________ 

I UNDERSTAND THIS IS NOT AN EXTENSION FOR PAYING THE TAX OWED.

Taxpayer Signature ____________________________ Preparer Signature if other than Taxpayer ____________________________
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