APPLICATION FOR
EXTENSION OF TIME TO FILE
LOCAL INCOME TAX RETURN
FOR CALENDAR YEAR 2023

City of Carlisle
Income Tax Division
760 Central Ave.
Carlisle, OH 45005

OR

FISCAL YEAR _____ TO _____

THIS FORM NOT REQUIRED TO BE FILED IF YOU HAVE REQUESTED AN EXTENSION TO FILE YOUR FEDERAL RETURN. PLEASE PROVIDE COPY OF THE FEDERAL EXTENSION.

General Information

This application is to be filed only by taxpayers that have not requested or received an extension to file their federal return or by taxpayers that have a federal extension but are remitting an extension payment.

Upon the filing of this request in a timely fashion, you will be granted a 6-month extension to file your City of Carlisle income tax return. The extended due date shall be the fifteenth day of the tenth month after the last day of the taxable year. For calendar year taxpayers, this is October 15, 2024.

This extension does not extend the time to pay tax due. A 15% penalty plus interest will be charged on any taxes remitted after the original due date of the return.

Taxpayers that have requested or received a federal extension need not complete this form. Instead, please send a copy of your federal extension to our office.

For questions regarding the extension application, please call 937-746-0556

Due Date

This form and payment (if applicable) must be postmarked on or before **April 15, 2024** to be considered timely filed.

Account Number _____ Federal Identification Number _____

Taxpayer _____ Social Security Number _____

Spouse _____ Social Security Number _____

Address _____ City/State/Zip _____

Signature_____

Payment of tax included with this application $_____

Make checks payable to: City of Carlisle Income Tax

To pay via credit card: Enter number, expiration date, CVV code, and amount authorized fully and accurately.

To file, please submit this form to:

City of Carlisle   Fax: 937-743-8178
Income Tax Division
760 Central Ave.
Carlisle, OH 45005

Email: dkier@Carlisleoh.org

Card Number: _____
CVV Code: _____ **Exp:** _____
Amount Authorized: $_____
Phone Number: _____
Cardholder Signature: _____