

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.

**A COPY OF FORM 4868 MUST ACCOMPANY THIS REQUEST.**

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".  
South Lebanon Extension Request Form.doc Rev. 03/22/2005