

## City of South Lebanon Extension Form

Please list 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	Tax Year	Extension Requested To
<div><div>Taxpayer's Name</div><div>Social Security No.</div><div>Spouse's Name</div><div>Social Security No.</div><div>Business Name</div><div>Federal ID No.</div><div>Address: House No. Street Apt No. City State Zip Code</div></div>			

### Taxpayer Information

Preparer's Name	Phone No.
Address: House No. Street Apt No. City State Zip Code	

### For Tax Office Use Only

<input type="checkbox"/>	Extension Request Granted to (date)	____ / ____ / ____
<input type="checkbox"/>	Extension Request Granted by:	_____
<input type="checkbox"/>	Extension Request Denied- Received After Due Date for Filing	
<input type="checkbox"/>	No Such Person/SSN Established in South Lebanon	
<input type="checkbox"/>	Other:	_____

**\*\*Note:** When filing under extension, please indicate at the top of the tax return form "Extension Granted". South Lebanon Extension Request Form.doc