

**INDIVIDUAL EXTENSION REQUEST FORM**

**Due on or before April 15**

Purpose of Form: This form can be used to request an extension of time to file your Village of Woodlawn Income Tax Return and make a Declaration of Estimated Tax due for the next tax year.

RESIDENT #1 NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RESIDENT #2 NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ BUSINESS PHONE NUMBER: \_\_\_\_\_

**ESTIMATE OF TAX DUE WITH EXTENSION REQUEST**

1. TOTAL ESTIMATED WOODLAWN INCOME FROM PRIOR YEAR..... \$ \_\_\_\_\_

2. MULTIPLY LINE 1 BY TAX RATE OF 2.3% = TOTAL PRIOR YEAR ESTIMATED TAX..... \$ \_\_\_\_\_

3. ESTIMATED TAX PAYMENTS AND CREDITS

A. WOODLAWN TAX WITHHELD BY EMPLOYER(S)..... \$ \_\_\_\_\_

B. ESTIMATED CREDIT FOR OTHER CITY TAX ..... \$ \_\_\_\_\_

C. 20\_\_ ESTIMATED TAX PAYMENTS ..... \$ \_\_\_\_\_

D. TAX OVERPAYMENT FROM PREVIOUS TAX YEAR ..... \$ \_\_\_\_\_

E. TOTAL (ADD LINES A THROUGH D)..... \$ \_\_\_\_\_

4. TOTAL ESTIMATED TAX DUE AND PAYABLE WITH THIS EXTENSION REQUEST

(SUBTRACT LINE 3E FROM LINE 2). IF LINE 3E IS GREATER THAN LINE 2, ENTER ZERO ON LINE 6 AND SHOW AMOUNT ON LINE 4 AS AN OVERPAYMENT OF PRIOR YEAR TAX ON THE NEXT YEAR TAX DECLARATION BELOW (LINE 10) ..... \$ \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE FEDERAL EXTENSION OR STATE REASON FOR REQUEST:**

**DECLARATION OF ESTIMATED TAX FOR YEAR NEXT TAX YEAR**

5. TOTAL ESTIMATED INCOME ..... \$ \_\_\_\_\_

6. MULTIPLY LINE 5 BY TAX RATE OF 2.3% ..... \$ \_\_\_\_\_

7. ESTIMATED PAYMENTS AND CREDITS:

A. WOODLAWN TAX WITHHELD BY EMPLOYER(S)..... \$ \_\_\_\_\_

B. ESTIMATED CREDIT FOR OTHER CITY TAX ..... \$ \_\_\_\_\_

C. TOTAL ESTIMATED CREDITS ..... \$ \_\_\_\_\_

8. TOTAL ESTIMATED TAX DUE AND PAYABLE TO WOODLAWN DURING 20\_\_

(SUBTRACT LINE 7C FROM LINE 6) ..... \$ \_\_\_\_\_

9. AMOUNT TO BE PAID WITH THIS DECLARATION (1/4 OF LINE 8 DUE BY 4/15)..... \$ \_\_\_\_\_

10. TAX DUE OR OVERPAYMENT (ENTER AMOUNT FROM LINE 4 ABOVE)..... \$ \_\_\_\_\_

11. AMOUNT DUE (SUBTRACT LINE 10 FROM LINE 9) ..... \$ \_\_\_\_\_

12. **TOTAL AMOUNT DUE (ADD LINES 4 AND 11) MUST BE ENCLOSED** ..... \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Preparing Extension

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number