FORM 32-EXT

REGIONAL INCOME TAX AGENCY

Estimated Income Tax and/or Extension of Time to File

SSN #:	Spouse's SSN#: _		
Name:			
Spouse's Name:			
Address #:	Street:		Suite:
City:	State:	Zip:	
eturn is extended as we	received an extension to file your feder II. It is not necessary to file a copy of copy of the federal extension when filin	your federal extension wi	th RITA by the annual
extension for filing you	ed or received a federal income tax r municipal income tax return by inc on or before the filing due date of April	dicating your request in	
	annual return is not an extension to pa ete Section 2 to pay the tax due for t		
payments due for tax year		,	
SECTION 1: EXTENS	ION OF TIME TO FILE		
If you have a copy of Check this box if you extension to file for the	f your <u>federal extension, you do NOT has the properties of the properties of the federal extension, you do NOT has the federal extension. The federal extension is a second to the federal extension of the federal extension of the federal extension.</u>	nave to fill out this section. eral extension and you are	SKIP to SECTION 2. requesting a 6 month
SECTION 2: PAYMEN	T (Balance due on annual return and	d/or estimated payment)	
1. Anticipated Tax Baland	ce Due on 2016 Annual Return	\$.00
(Extension Payment)			
If you are making an This line will NOT up anticipate owing \$2 estimate your taxes earned. If you need Liability, go to Secti less than 90% of the	ayment (not less than 1/4 of Total Estime estimated payment enter the amount odate your 2017 total estimated tax liab 00 or more in municipal income tax, you and make quarterly payments as your to report or update your 2017 Total Estimated payments as to a page 2. If your estimated payments tax due, or not equal to or greater than lity, you will be subject to penalty and in	on Line 2. ility. If you u must r income is timated Tax its are either n your prior	00
3. Amount Paid (Add Line	es 1 and 2)	\$.00
(make check payab	le to RITA see page 2 for mailing addre	ss)	
4. Allocate to applicable	RITA Municipalities Balance Due from L	ine 1 and/or Estimated Tax	from Line 2.
► Municipality:	Tax Year:	Amount:	
			.00
		\$ \$.00 .00
		\$ 	
		\$.00

Total allocation (equal Line 3 above) \$

SECTION 3: ESTIMATED INCOME TAX DECLARATION

Use this section to report or update your Annual Estimated Income Tax Liability. If you anticipate owing \$200 or more in municipal income tax, you must estimate your taxes and make quarterly payments as your income is earned. If your estimated payments are either less than 90% of the tax due, or not equal to or greater than your prior year's total tax liability, you will be subject to penalty and interest. Form 37 Instructions "Worksheet 2" may be used to calculate your Estimated Income Tax Liability.

	Tax Year	Amount	
Total Estimated Income Tax		·	.00
SECTION 4: VERIFICATION			
Taxpayer – Under penalties of perjury, I demade herein are true and correct.	clare that to the best of my know	vledge and belief	, the statements
Your Signature:		Date:	
Spouse's Signature:		_Date:	
Preparer other than taxpayer – Under pen belief, the statements made herein are true Declaration and/or Extension.			
Signature of Preparer:		Date:	
Printed Name of Preparer:		_	
May RITA discuss this Declaration/Exter	nsion with the preparer above	e? 🗆 '	Yes □ No
Mail Declaration/Extension to:			
With Payment made payable to RITA: REGIONAL INCOME TAX AGENCY P.O. BOX 6600 CLEVELAND, OH 44101-2004	Without Payment: REGIONAL INCOME TAX A P.O. BOX 477900 BROADVIEW HEIGHTS 441		