

Application for Automatic Extension of Time To File Grayling Income Tax Return

GR-4868**CITY OF
GRAYLING**

TAX YEAR

Please Type or Print	Your first name and initial (If joint, also give spouse's name and initial)		Last Name	Your social security number	
	Present home address		Mailing Address	Spouse's social security number	
	City, town or post office, state, and ZIP code		Employer ID number		
EXTENSION IS REQUIRED FOR:		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> ESTATE
			<input type="checkbox"/> CALENDAR YEAR FILER	<input type="checkbox"/> FISCAL YEAR FILLER	

DIRECTIONS: Prepare this form in duplicate. File the original with the Grayling Income Tax Dept. on or before the due date for filling your return (if you wish to have an approved copy, you must enclose a stamped pre-addressed envelope in which it will be returned.) Attach the duplicate to your Grayling Income Tax Return when filed.

INDIVIDUAL RETURNS { When form GR-4868 is filed timely, an automatic extension will be granted for INDIVIDUAL RETURNS until August 30 of the year the return is due. The tentative tax must be paid with this application for extension.

**CORPORATIONS
PARTNERSHIPS
ESTATES** { When an extension of greater than four months is requested, the tax tentatively determined to be due must be paid by the last day of the fourth month. The Uniform City Income Tax Ordinance limits the extension of time for filing annual returns to SIX MONTHS from the due date.

A _____ month extension of time for filing until _____, _____ is hereby
YEAR
requested in which to file the Grayling Tax Return as indicated above for the calendar year _____
of the fiscal year beginning _____, _____ and ending _____, _____.
YEAR YEAR

TENTATIVE TAX COMPUTATION:

1. Tentative City of Grayling Income Tax\$ _____

2. Less:

a. City Income Tax Withheld\$ _____

b. Estimated Tax Paid to Grayling\$ _____

c. Other Credits\$ _____

d. Total Credits (add line a,b and c)\$ _____

3. BALANCE DUE (line 1 less line 2d)\$ _____

ANY BALANCE DUE MUST BE PAID WITH THIS APPLICATION

SIGNATURE AND VERIFICATION:

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete; if prepared by someone other than the taxpayer, I am authorized to prepare this form.

Signature of taxpayer: _____ Date: _____

Signature of spouse: _____ Date: _____
(If filing jointly, BOTH MUST sign)

Signature of preparer other than the taxpayer: _____ Date: _____

MAIL TO: Grayling Income Dept. P.O. Box 549, Grayling, MI 49738 (make checks payable to: CITY of GRAYLING)Your request for an Extension is: ☐ APPROVED ☐ DENIEDBy: _____
Income Tax Administrator Date