



Net Profit Extension Request

Tax Year Ending	Account Number

INDIVIDUAL/SOLE PROPRIETOR

First & Last Name	Business Name (if applicable)	Social Security Number

CORPORATION—S CORP/PARTNERSHIP

Business Name	Federal ID Number

MAILING ADDRESS

Address	City	State	Zip Code
Email	Phone No.		Extension Payment

A properly estimated payment (80% percent of total tax liability due) is required to avoid penalty and interest.

If this extension request is for a tax period less than 12 months, please indicate the reason.

- Tax Year End Changed to _____
- Corporate Merger - Short year due to merger on _____
- Corporate Acquisition - Short year due to acquisition on _____
- After this short year return, tax year will be _____

Signature		Date
Print/type name		Title

This extension form extends the filing due date of the return, but does not extend the time for paying the tax due. Unless estimated payments equal to at least 80% of the total tax liability are made by the regular due date of the return, a late payment penalty of 5% per month (maximum of 25%) of the unpaid tax amount will be assessed plus interest at 12% per annum. Pursuant to KRS 67.790, there is a minimum penalty (\$25) for failure to file and/or pay a return by the prescribed due date.

MAILING ADDRESS: TAX COLLECTION OFFICE , P.O. BOX 55570, LEXINGTON, KY 40555