CF-4868-EFT

## Grand Rapids APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE AN INDIVIDUAL INCOME TAX RETURN WITH EFT PAYMENT

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Taxpayer Name:			Bank Ro	outing Number:					
Social Security No: Due on or Before:		, due date of 2019	return* Bank Ad	count Number:					
Payment:	\$								
			Type of	Bank Account:	necking Savings				
Payment Method:				PAYMENT WITH PAYME ectly withdraw your payme					
Address for Payment	Po Box 10								
Instructions:	<ul> <li>An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.</li> <li>Line 1: Enter the total tax liability you expect to report on your 2019 Form CF-1040, page 1, line 23.</li> <li>Line 2: Enter the total payments that you expect to report on your 2019 Form CF1040, page 2, line 4, not including the extension payment reported on line 3 of this form.</li> <li>Filing date: The income tax ordinance limits an extension to SIX months from the original due date.</li> </ul>								
Related Information: • Federal extension: Filing a federal extension (Form 4868) with the Internal Revenue Service does not grant an extension of time to file a city income tax return. • Persons living outside the United States: Where the Internal Revenue Code grants an automatic twomonth extension to persons living outside the U.S., an automatic two-month extension will be granted.									
Payment:	• An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.								
	<ul> <li>Penalty ma</li> </ul>	ly be waived by the d by more than 5%	e Income Tax Adminis	late even if an extension of trator if the tax paid by the can show that the failure t	original due date is not				
* Due Date	• If the due o	late falls on a Satu	ırday, Sunday or holida	ay, the due date is the next	business day.				
Taxpayer Records:	Amount Pa	id:	Date Mailed:	<del></del> :					
KEEP TOP PO	RTION FO	R YOUR RECC	RDS. SEND BOT	TOM PORTION WITH	YOUR PAYMENT				
CF-4868-EFT		**************************************	Grand Rapids	*****************************	2019 RET REX				
	APPI		JTOMATIC EXTENSION UAL INCOME TAX RE		Revised: 08/11/2015				
	Mail T	o: City of Grand Ra	pids						
NACTP#		PO BOX 108							
EFIN # Taxpayer's first name, initial, last nam	Α	Grand Rapids M	Taxpayer's SSN	Pank routing number					
raspayor o mor hamo, mital, last ham	o .		raxpayers 550N	Bank routing number	Type of account Savings				
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN	Bank account number	* The balance due (line 3 below) is the amount you authorize the city to				
Present home address (Number and street) Apt. no.			Payment voucher 2D barcode withdraw from your bank account.						
Address line 2 (P.O. Box address for r	nailing use only)								
City, town or post office	State	Zip code							
Foreign country name, province/county, postal code			1. Estimate of total tax liability for 2019						
oreign country name, province/count	r, postal code		2. Total 2019 payments		.00				
			3. Balance due * (Line 1	less line 2)	.00				