FORM NPE

City of Henderson/Henderson County Fiscal Court

APPLICATION FOR EXTENSION OF TIME TO FILE NET PROFIT TAX RETURN

ACCOUNT #	!			
Name of Bus	iness			
Mailing Addr	ess			
City, State, and Zip Code		Phon	ne Number	
An automatic 6 month extension of time until is hereby requested to file the Net Profit Tax Return of the organization named above for the taxable year beginning and ending (Extension cannot be granted for more than 6 months unless a longer extension is granted by the IRS.)				
Amount paid	d to be applied to City Account:	\$	·	
Amount paid	to be applied to County Account:	\$	·	
-	amounts paid to City Account may only be used t. Any unpaid balance will still be subject to into		mounts paid to County Account may only be used as a credit to)
•	of perjury, I declare that I am authorized to mak made herein are true, correct and complete.	ce this application for the above na	med organization, and that to the best of my knowledge and bel	ief
Signature		Title	Date	
		INSTRUCTIONS:		
breakdown is not not be allowed	ot specified, the Occupational tax Administrator	will determine allocation to the acc	being paid on behalf of each jurisdiction. If the payment count. Overpayment of license tax to the City of Henderson will icense tax to the City of Henderson will icense tax to Henderson County will not be allowed to offset any	,
	e Director of Finance has the authority to extend ired due date of the return.	the time for filing the net profit lice	ense fee return, provided the extension request is made on or	
	e Director of Finance grants an extension of time sst at the rate of one (1) percent per calendar mo	= :	paid when payment is due, without regard to extension granted,	
	UEST: An extension will be granted for a request rn to the date the extension request is received.	· ·	te of the return; however, penalties will be assessed from the du	е
LENGTH OF EXT	ENSION: No single extension of time for filing a	net profit license fee return shall bo	e granted for more than six (6) month from the original due date).
MAIL TO:	HENDERSON TAX ADMINISTRATOR PO BOX 671 HENDERSON KY 42419-0671	PHONE:	(270) 831-1290, EXT 2229 or (270) 831-1200	