

**FORM  
20-EXT**

**REGIONAL INCOME TAX AGENCY**  
Net Profit Estimated Income Tax and/or  
Extension of Time to File

Fed. ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Address #: \_\_\_\_\_ Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Check this box if you are updating your Net Profit Annual Estimated Income Tax Liability and complete Section 1 below. Do NOT check this box if you are only making an Estimated Tax payment.

**SECTION 1: ESTIMATED INCOME TAX COMPUTATION and ESTIMATED PAYMENT**

Use this section to report or update Net Profit Estimated Income Tax Liabilities and/or make an estimated payment. If your business anticipates owing \$200 or more in municipal income tax, you must estimate your taxes and make quarterly payments. 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.

Tax Year Ending \_\_\_\_\_

1. Total Estimated Tax (distribute to each applicable municipality in Line 5) \$ \_\_\_\_\_ .00

Note: Line 1 must equal Line 6

2. Less Prior Year Credit \$ \_\_\_\_\_ .00

3. Total Estimated Tax Due \$ \_\_\_\_\_ .00

4. Estimated Payment (not less than 1/4 of Line 3) \$ \_\_\_\_\_ .00

Note: Make check payable to RITA. See below for mailing address

5. Distribute Estimated Tax from Line 1 above (if additional space is needed, attach a schedule)

► Municipality:	Amount:
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00

6. Total Estimated Tax distribution from Line 5 (Line 6 must equal Line 1) \$ \_\_\_\_\_ .00

Mail to:  
REGIONAL INCOME TAX AGENCY  
P.O. BOX 94582  
CLEVELAND, OH 44101-4582

Fed. ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**SECTION 2: EXTENSION OF TIME TO FILE**

If your business has requested or received an extension to file your federal income tax return, your Net Profit municipal income tax return is extended as well. It is not necessary to file a copy of your federal extension with RITA by the annual filing due date. Attach a copy of the federal extension when filing your Net Profit municipal income tax return on or before the extended due date.

If you have not requested or received a federal income tax filing extension, you may receive a six-month extension for filing your Net Profit municipal income tax return by checking the box below, and submitting this request on or before the calendar year filing due date or the 15<sup>th</sup> day of the fourth month following the taxpayer's fiscal year-end.

**An extension to file the annual return is not an extension to pay - the tax owed is still due by the annual filing due date. Please complete Section 3 to pay the tax due for the applicable tax year.**

If you have a copy of your federal extension, you do NOT have to fill out this section. Check this box if you have NOT requested or received a federal extension and you are requesting a 6 month extension to file for the tax year ending \_\_\_\_\_.

**SECTION 3: EXTENSION PAYMENT**

Tax Year Ending \_\_\_\_\_

1. Anticipated Tax Balance Due on Net Profit Annual Return \$ \_\_\_\_\_ .00  
(Extension payment)

2. Distribute Tax Balance Due (if additional space is needed, attach a schedule)

Note: Do not include estimated tax payments, see Section 1 for Estimated Tax Computation and Payments

▶ Municipality:	Amount:
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00
_____	\$ _____ .00

3. Total Tax Balance distribution from Line 2 (Line 3 must equal Line 1) \_\_\_\_\_ .00

**SECTION 4: VERIFICATION**

Taxpayer – Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer other than taxpayer – Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this Declaration and/or Extension.

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Preparer: \_\_\_\_\_

May RITA discuss this Declaration/Extension with the preparer above?  Yes  No

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