



John Black
Mayor

CITY OF LA GRANGE

307 W. Jefferson St.
La Grange, KY 40031
Phone: (502) 222-1433
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Stephanie Wenther
Code Enforcement

COMPENSATION TAX EXTENSION REQUEST

Due the last day of the month following the close of each taxable quarter end

Business name: _____ Tax quarter ended: _____
Address: _____ Due date: _____
City/ State/ Zip: _____ Federal ID/SS #: _____
Account #: _____ Phone #: _____

Business Entity

Classification:

- Individual
- Partnership
- Corporation
- LLC
- Other

Make payable to:

City of La Grange

Remit to:

307 W. Jefferson Street

La Grange, KY 40031-8682

You MUST ALSO attach a copy of the Federal Tax Extension form, IF ONE HAS BEEN REQUESTED

- 1) Estimated Tax liability for quarter(s) ended..... \$ _____
- 2) Less Credits/ Adjustments..... (\$ _____)
- 3) Subtotal (Subtract line 2 from line 1).....\$ _____
- 4) Penalty (**Minimum is \$25.00** or 5% per month not to exceed 25%).....\$ _____
- 5) Interest (1% per month) (12% per annum)..... \$ _____
- 6) Total amount due (add lines 3 through 5)..... \$ _____**

This form is to be used to apply for a six-month extension of time to file the City of La Grange Quarterly Return – Payroll Tax. All estimated taxes due **MUST** be paid at the time the extension is filed. Interest is applied to outstanding tax obligations during the extension. For all taxes unpaid at the time the quarterly return is filed, penalty and interest will be applied. Any fraction of a month will be counted as an entire month.

A business may file the City of La Grange quarterly return at any time before the extension expires. The return will be due the final day of the month following the last month of the extension period providing the extension has been granted.

I DECLARE, UNDER THE PENALTIES OF PERJURY THAT THIS FORM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE SUBMISSION. I AM DULY AUTHORIZED TO SIGN THIS REQUEST.

Signed: _____ Official Title: _____

Print name: _____ Date: _____