

REQUEST FOR EXTENSION OF TIME TO FILE*

FORM EXT
REV 7/30/2013

File & pay this form online at: www.portlandoregon.gov/biztax



**CITY OF PORTLAND BUSINESS LICENSE TAX
& MULTNOMAH COUNTY BUSINESS INCOME TAX**
111 SW COLUMBIA, SUITE 600, PORTLAND OR 97201
FAX: 503-823-5192 ~ Office: 503-823-5157 ~ TDD: 503-823-6868



Federal or state extensions will not be honored

ACCOUNT #	TAX ID # (FEIN or SSN)	TAX YEAR BEGINNING	TAX YEAR ENDING	
BUSINESS NAME				
BUSINESS LOCATION ADDRESS <input type="checkbox"/> Check if this is an address change		CITY	STATE/PROV	ZIP CODE

PLEASE INDICATE THE AMOUNT TO BE APPLIED TO EACH PROGRAM

(You must include payment of the estimated tax due along with this extension request.)

MULTNOMAH COUNTY:

PORTLAND:

+

TOTAL PAYMENT/CHECK AMOUNT
(CALCULATED)

CHECK #:
(PAYABLE TO CITY OF PORTLAND) _____

*If you are unable to complete your tax forms prior to the due date, you may request a six-month extension of time to **file** (to Oct 15 for calendar years). The due date is the 15th day of the 4th month following the tax year end. To request an extension for time to file you must:

- Include payment of the estimated tax due along with this extension request.
- File this form to request an extension **by the due date** (April 15 for calendar years) in order to avoid delinquent account status and late filing penalties.

FEDERAL OR STATE TAX EXTENSIONS WILL NOT BE HONORED. You must file this form directly with this Bureau to avoid penalty (even if you have overpaid).

Penalty will be assessed for underpayment unless the extension payment is 90% of the current year tax or 100% of prior year tax. Interest is due on tax not paid by the original due date. If you have prepayments on each program that are sufficient to cover current taxes, no further payment is due.

If no longer in business, submit an OUT OF BUSINESS NOTIFICATION FORM available at www.portlandoregon.gov/biztax.

File & pay this form online at: www.portlandoregon.gov/biztax or

Mail completed form and payment to City of Portland, 111 SW Columbia St., Suite #600, Portland, OR 97201.

I declare that the information on this form is true and that I am authorized to act as a representative of the filer.

Printed Name: _____ Date: _____

Signature: _____ Telephone: _____