## **REQUEST FOR EXTENSION OF TIME TO FILE\***

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		CITY	STATE/PROV	ZIP CODE
	NDICATE THE AMOUNT TO			AM
	MULTNOMAH COUNTY:			
	PORTLAND:			
TO	TAL PAYMENT/CHECK AMOUNT (CALCULATED)			
(PA	CHECK #: YABLE TO CITY OF PORTLAND)			
time to <i>file</i> (to Oct 15 for end. To request an extermal end of the file this form to request account some some of the file this form to request account some of the file this form to request account some of the file this form to request account some of the file this form to request account some of the file this form to request account some of the file this file t	replete your tax forms prior to the r calendar years). The due date nsion for time to file you must: the estimated tax due along with lest an extension by the due dastatus and late filing penalties.	is the 15th day of the 4th this extension request.  In the (April 15 for calendar y	month follow vears) in orde	ring the tax year
	au to avoid penalty (even if yo		st file this fol	rm
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, www.portlandoregon.go	submit an OUT OF BUSINESS v/biztax.	NOTIFICATION FORM a	vailable at	
	File & pay this form online at: www. nd payment to City of Portland, 1			nd, OR 97201.
I declare that the info	ormation on this form is true and tha	at I am authorized to act as a	ı representativ	e of the filer.
Printed Name:		Date:		
Signature:		Telephone:		