

FORM NPE**CITY OF HENDERSON**

Business Type	Minimum Tax
<input type="checkbox"/> Individual	\$50.00
<input type="checkbox"/> Partnership	\$150.00
<input type="checkbox"/> Corporation	\$200.00
<input type="checkbox"/> LLC/Individual	\$100.00
<input type="checkbox"/> LLC/Partnership	\$150.00
<input type="checkbox"/> LLC/Corporation	\$200.00
<input type="checkbox"/> Other	\$200.00

**APPLICATION FOR EXTENSION OF TIME
TO FILE NET PROFIT TAX RETURN**

CITY OF HENDERSON LICENSE NUMBER _____

FEDERAL ID NUMBER _____

Name of Business _____

Mailing Address _____

City, State, and Zip Code _____ Phone 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 to be applied to City of Henderson Account (See Business Type Minimum Tax): \$_____.

Under penalties of perjury, I declare that I am authorized to make this application for the above-named organization, and that to the best of my knowledge and belief the statements made herein are true, correct and complete.

Signature _____ Title _____ Date _____

INSTRUCTIONS:

DUE DATE: The Director of Finance has the authority to extend the time for filing the net profit license fee return, provided the extension request is made on or before the required due date of the return.

INTEREST: If the Director of Finance grants an extension of time for filing a return, any balance unpaid when payment is due, without regard to extension granted, shall bear interest at the rate of one (1) percent per calendar month or fraction of month.

UNTIMELY REQUEST: An extension will be granted for a request received after the original due date of the return; however, penalties will be assessed from the due date of the return to the date the extension request is received.

LENGTH OF EXTENSION: No single extension of time for filing a net profit license fee return shall be granted for more than six (6) months from the original due date.

**MAIL TO: CITY OF HENDERSON
PO BOX 671
HENDERSON KY 42419-0671**

**PHONE: (270) 831-1290 or
(270) 831-1200**