



CITY OF HAZARD, KY

P.O. Box 420, Hazard, Kentucky 41702
Phone: (606) 436-3171 Fax: (606) 436-3252
<https://www.hazardky.gov>

**CITY NET PROFIT
EXTENSION**

BUSINESS NAME AND MAILING ADDRESS

*****TYPE IN ALL CAPS*****

FOR YEAR ENDED	DUE ON OR BEFORE
CITY OCCUPATIONAL ACCOUNT NUMBER	
S.S. # OR FED. ID #	

**REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE
MUNICIPAL NET PROFIT LICENSE FEE RETURN**

If an extension of time for filing is necessary, your request must be submitted, along with a copy of your Federal extension, on or before the due date of the return. This extension request must be accompanied by payment of the \$100.00 minimum fee unless a credit of \$100.00 or more has been applied to your account from the prior tax year.

The city may grant any business entity an extension of not more than six months, unless a longer extension has been granted by the Internal Revenue Service or is agreed to by the city and the business entity, for filing its return, if the business entity, on or before the date prescribed for payment of the occupational license tax, requests the extension and pays the amount properly estimated as its tax.

Estimated tax due enclosed with this form: \$ _____

Prior tax year carry forward/credit applied: \$ _____

Name: _____

Phone Number: _____

E-mail: _____

**PLEASE MAIL THIS FORM ALONG WITH A COPY
OF YOUR FEDERAL EXTENSION TO:**

**CITY OF HAZARD
ATTN.: TAX ADMINISTRATOR
P.O. BOX 420
HAZARD, KY 41702**