

Your name:	Social security number:
Spouse's name:	Spouse's social security number:
Current address:	Apt. #
City, state, and zip:	

LENGTH OF EXTENSION:

- Extension until October 15, 2011. This form or Federal Extension Form 4868 must be submitted by April 15, 2011, along with 80% of 2010 tax due.

THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX !

PAYMENT DUE WITH REQUEST:

- Tax (and tax estimates) not paid by April 15th are subject to a 20% penalty, plus interest.
- Tax estimates must equal 100% of the previous year's tax liability, or 80% of actual tax.
- You should confirm tax estimate paid to date by calling the Income Tax Division (216) 291-3978, option 2.

CALCULATE PAYMENT DUE WITH REQUEST:

2010 TAX:

1. Calculate your 2010 anticipated tax using the worksheet below, enter here1. _____
2. Deduct your quarterly estimated payments made to date, enter here2. _____
3. Total 2010 tax due with return [Subtract Line 2 from Line 1]3. _____

2011 ESTIMATED TAX: The first quarterly estimated payment for Tax Year 2011 is due April 15, 2011 .

4. Calculate your 2011 estimated tax using the worksheet below, enter here4. _____
5. Determine your first quarterly payment due April 15, 2011 [Multiply Line 4 by 25% (.25)]5. _____

TOTAL TAX DUE WITH EXTENSION REQUEST

6. Add Lines 3 and 5: this amount is due with this request to avoid penalty and interest charges6. _____

ESTIMATED TAX WORKSHEET

(The Cleveland Heights tax rate is 2%, with a maximum .5% residence tax credit for tax paid to other localities.)

**INCOME FROM WHICH TAX WITHHELD/PAID TO CLEVELAND HEIGHTS IS EXCLUDED FROM THIS WORKSHEET.

RESIDENTS:		Annual Estimated Earned Income	Multiply by:	=	TAX AMOUNT
A)	Income from which local tax withheld/paid to city other than Cleveland Heights.**	\$ _____	1.5% (.015)		\$ _____
B)	Income from which no local tax withheld.	\$ _____	2% (.02)		\$ _____
NON-RESIDENTS:					
C)	Income earned in Cleveland Heights from which no Cleveland Heights tax withheld/paid.	\$ _____	2% (.02)		\$ _____
TOTAL ESTIMATED TAX (A + B + C)					\$ _____

Under penalty of perjury, I declare that I have examined this document and believe it is true, correct, and complete:

Your signature:	Date:
Spouse's signature:	Date:
Preparer's signature:	Date:
Print preparer's name and address:	Preparer's phone number: