F I N A N C E NEW • YORK	мус 62	APPLICATION FOR		$\checkmark$ do not write in this space - for official use only $\checkmark$ –		
		For Calendar Year 1996 or Fiscal Yea	r beginning	, 1996 and ending	, 1997	
Print or Type	•					
First name and initial		Last name		SOCIAL S		
Business name						
Business address (nur	mber and street)					
					NTIFICATION NUMBER	
City and State		Zip Code		-		
						/
A. Payment	Pay amount sh	nown on line 3 - Make check p	ayable to: NYC Depa	rtment of Finance	Payment Enclosed —	
1a. Tax for 1995 c	or fiscal year 1996		Estimated tax for <b>1b.</b> year 1997 (see in	1996 or fiscal ∩structions)●		
	-			,		
2. Payments or	n account of estim	ated tax		•		_
3. Balance due	(line 1b less line	2) Enter payment amount on lin	e A above	•		
SIGN → I he	ereby certify that thi	is form, including any accompanyi	ng rider, is, to the best of	i my knowledge and be	lief, true, correct and complete.	
	▲ Sigr	ature			▲ Date	
<b>I</b> NSTRUC <sup>7</sup>	TIONS					
The filing of this application on or before the due date automatically provides an extension of six months after such due date for the filing of your completed tax return, provided the tax is properly estimated and the application is accompanied by a remittance for the amount shown on line 3. (If line 2 exceeds line 1b, no remittance is required.) A properly estimated tax must be either: a) not less than 90% of the tax as finally determined, or b) not less than the tax for the preceding taxable year of twelve			ng applicable penalt paid with this app payment.	Except for taxpayers outside the United States, no additional extension beyond the six months granted by this extension will be granted.		
			extension beyond granted.			
months.			LINE 1b			
If the unincorrected business had \$1,000,000 or more in			Enter on line 16 t	ne amount the taxha	ver estimates it will enter on	

If the unincorporated business had \$1,000,000 or more in unincorporated business taxable income allocated to the City for any taxable year during the three years immediately preceding the taxable year for this return, a properly estimated tax is not less than 90% of the tax as it is finally determined. Clause (b) above is not applicable.

If you do not meet these requirements, your extension will not be valid and you will have to pay interest and penalties from the original

> To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your application and remittance.

line 23 of its 1996 Form NYC-202. (Any credits to be claimed on

in computing the amount to enter on line 1b.)

following the close of the fiscal year.

WHEN TO FILE

Form NYC-114.5 or Form NYC-114.6 should be taken into account

Calendar year taxpayers must file this application on or before April

15, 1997. For fiscal years ended in 1997, file within 3 1/2 months

Make remittance payable to the order of: **NYC DEPARTMENT OF FINANCE** Payment must be made in U.S.dollars, drawn on a U.S. bank.

 APPLICATIONS WITH REMITTANCES NYC DEPARTMENT OF FINANCE BOX 1155 WALL STREET STATION NEW YORK, NY 10005 APPLICATIONS WITHOUT REMITTANCES NYC DEPARTMENT OF FINANCE BOX 1144 WALL STREET STATION NEW YORK, NY 10005