



TENNESSEE DEPARTMENT OF REVENUE

APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL INCOME TAX RETURN

INC 251

Taxable Year	Beginning:	ACCOUNT NUMBER	YOUR SSN:
	Ending:		SPOUSE'S SSN:

**FEIN:**

The request must be made on or before the statutory due date (the fifteenth day of the fourth month commencing after the end of the taxpayer's year).  
 Make your check payable to the Tennessee Department of Revenue for the amount of tax computed and mail to:  
 Tennessee Department of Revenue  
 Andrew Jackson State Office Bldg.  
 500 Deaderick Street  
 Nashville, TN 37242  
 Should you need assistance, please contact the Taxpayer Services Division by calling our statewide number 1-800-342-1003 or (615) 253-0600.

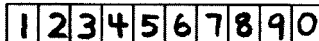
Please provide the county and city (if within an incorporated municipality) of the taxpayer's legal residence on the lines below.  
 County \_\_\_\_\_  
 City \_\_\_\_\_

Application is hereby made for an Extension of Time, up to but not exceeding six (6) months, to file the Individual Income Tax Return. If an estimated payment is made with this request, please complete lines 1 through 4. No penalty will attach when a return is filed within the extension period granted and all taxes shown to be due on the return are also paid within that period. However, interest from the original due date will attach to any taxes remaining due when such return is filed. In accordance with T.C.A. Section 67-2-114(c), please list the reason for requesting an extension on the lines below. **NOTE: THIS FORM MAY ALSO BE USED BY TAXPAYERS WHO ARE MAKING AN ESTIMATED PAYMENT OF THE TENNESSEE INCOME TAX AT THE END OF THE YEAR IN ORDER TO DEDUCT THE TAX ON THEIR FEDERAL RETURN.**

CHECK ALL BOXES WHICH APPLY:

- |                             |  |                             |                     |                              |                           |
|-----------------------------|--|-----------------------------|---------------------|------------------------------|---------------------------|
| 1. <input type="checkbox"/> | Single   | 6. <input type="checkbox"/> | Blind (yourself)    | 9. <input type="checkbox"/>  | Partnership               |
| 2. <input type="checkbox"/> | Married Filing Jointly                                 | 7. <input type="checkbox"/> | Blind (your spouse) | 10. <input type="checkbox"/> | Limited Liability Company |
| 3. <input type="checkbox"/> | Married Filing Separately (enter spouse's SSN # above) | 8. <input type="checkbox"/> | Trust               | 11. <input type="checkbox"/> | Estate                    |
| 4. <input type="checkbox"/> | Quadriplegic (yourself)                                |                             |                     |                              |                           |
| 5. <input type="checkbox"/> | Quadriplegic (your spouse)                             |                             |                     |                              |                           |

WRITE NUMBERS LIKE THIS



ROUND TO THE NEAREST DOLLAR

COMPUTATION OF ESTIMATED PAYMENT

- TOTAL TAXABLE INCOME (Dividend Income plus interest income) ..... (1)
- SUBTRACT EXEMPTION { \$1,250 if single or married filing separately / \$2,500 if married filing jointly } ..... (2)
- AMOUNT SUBJECT TO TAX (Line 1 less Line 2) ..... (3)
- ESTIMATED PAYMENT (6% of Line 3) ..... (4)

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FOR OFFICE USE ONLY

Under penalties of perjury, I declare that I have examined this request, and to the best of my knowledge and belief, it is true, correct and complete.

_____ Taxpayer's Signature	_____ Spouse's Signature	_____ Date
_____ Tax Preparer's Signature	_____ Date	_____ Telephone
_____ Preparer's Address	_____ City	_____ State Zip