



APPLICATION FOR
EXTENSION OF TIME TO FILE
LOCAL INCOME TAX RETURN
FOR CALENDAR YEAR 2025

City of Fairfield

Income Tax Division
701 Wessel Dr
Fairfield, OH 45014
www.fairfield-city.org

OR
FISCAL YEAR _____ TO _____

**THIS FORM NOT REQUIRED TO BE FILED IF YOU HAVE REQUESTED AN EXTENSION TO FILE YOUR
FEDERAL RETURN. PLEASE PROVIDE COPY OF THE FEDERAL EXTENSION.**

General Information

Upon the filing of this request in a timely fashion, you will be granted a 6-month extension to file your City of Fairfield income tax return. The extended due date shall be the fifteenth day of the tenth month after the last day of the taxable year. For calendar year filers, this is October 15, 2026.

This extension does not extend the time to pay tax due. A 15% penalty plus interest will be charged on any taxes remitted after the original due date of the return.

Taxpayers that have requested or received a federal extension need not complete this form. Instead, please send a copy of your federal extension to our office.

For questions regarding the extension application, please call 513-867-5327.

Due Date

This form and payment (if applicable) must be postmarked on or before **April 15, 2026** (for calendar year filers) to be considered timely filed. For fiscal year filers, this form and payment must be postmarked on or before the fifteen day of the fourth month after the last day of the taxable year.

Account Number _____ Federal Identification Number _____

Taxpayer _____ Social Security Number _____

Spouse _____ Social Security Number _____

Address _____ City/State/Zip _____

Signature _____

Payment of tax included with this application \$ _____

Make checks payable to: City of Fairfield Income Tax

To pay via credit card: Enter number, expiration date, CVV code, and amount authorized fully and accurately.



To file, please submit this form to:

City of Fairfield Fax: 513-867-5333
Income Tax Division
701 Wessel Drive
Fairfield, Ohio 45014
Email: income.tax@fairfield-city.org

Card Number: _____
CVV Code: _____ Exp: _____
Amount Authorized: \$ _____
Phone Number: _____
Cardholder Signature: _____