VT DEPARTMENT OF TAXES
PO Box 1779
Montpelier VT 05601-1779
(866) 828-2865

* 0 4 1 5 1 1 1 9 9 *

2004 VERMONT | ***Application for Extension of Time to File Vermont Individual Income Tax Return*** | **FORM IN-151**

Complete this application if you are unable to file your ***2004*** *Vermont Income Tax Return before the due date of* ***April 15, 2005*** .

An extension of time to file your return is not an extension of time to pay any tax due.

Taxpayer's Social Security Number ___ - ___ - ____

Spouse's or CU Partner's Social Security Number ___ - ___ - ____

Taxpayer's Last Name | First Name | Initial

Spouse's or CU Partner's Last Name | First Name | Initial

Mailing Address (Number and Street, including Rural Route)

City, Town, or Post Office | State | Zip Code

☐ I request an automatic four-month extension of time to August 15, **2005** to file my **2004** Vermont Income Tax Return. NO SIGNATURE REQUIRED.

☐ I have already requested an automatic four-month extension of time to August 15, **2005** to file my **2004** Vermont Income Tax Return, and am now requesting that an additional extension be granted to: Explain why additional extension is needed. SIGNATURE REQUIRED.

1 0 (M M) 1 5 (D D) 2 0 0 5 (Y Y Y Y)

CALCULATION OF TAX DUE

1. Estimated **2004** (year) individual income tax liability. . . . . **1.** ___,___,___.___
2. Previous payments. . . . . **2.** ___,___,___.___
3. Amount of tax paid with this application . . . . . **3.** ___,___,___.___

Make check payable to ***VERMONT DEPARTMENT OF TAXES*** *and mail it along with this application to the address at the top of this form.*

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete; and if prepared by someone other than the taxpayer, that I am authorized to prepare this form. As specified by VT law, preparers cannot use return information for purposes other than preparing returns.

TAXPAYER'S SIGNATURE | DATE | SPOUSE'S OR CU PARTNER'S SIGNATURE | DATE

☐ *Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.*

Paid preparer's use only.

PREPARER'S SIGNATURE | DATE | PREPARER'S EIN/SSN/PTIN

Preparer's Telephone Number