



JACKSON COUNTY

Tax Administration

EXTENSION REQUEST FORM

A form must be completed for each account

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Account Number: _____

Date to Which you are Requesting Extension (in accordance with N.C.G.S. 105-307(c), the maximum allowable extension is April 15): _____

Reason for request: _____

Signature: _____

Date: _____

OFFICIAL USE ONLY

Approved: Denied:

Tax Administration Department Signature: _____

Date: _____