



1330304012

MAIL TO:

Georgia Department of Revenue
Processing Center
PO Box 740320
Atlanta, GA 30374-0320



Georgia Department of Revenue

APPLICATION FOR EXTENSION OF TIME FOR FILING STATE INCOME TAX RETURNS

IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.**

THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

COMPLETE THIS FORM IN TRIPLICATE. MAIL THE ORIGINAL PRIOR TO THE RETURN DUE DATE AND KEEP 2 COPIES. ATTACH ONE COPY TO RETURN WHEN FILED AND RETAIN ONE COPY FOR YOUR RECORDS. WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

SECTION 1			
NAME Brian E. Harriss		SOCIAL SECURITY NUMBER OR FEIN [REDACTED]	
ADDRESS 1999 Tarika Ave	CITY Chugiak	STATE AK	ZIP CODE 99567
NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFERENT FROM ABOVE individual - BEH 4/15/17			
ADDRESS	CITY	STATE	ZIP CODE

SECTION 2		
APPLICATION IS HEREBY MADE FOR AN EXTENSION OF TIME FOR THE FOLLOWING STATE TAX RETURN:		
1. Type of return (check proper type): <input checked="" type="checkbox"/> Individual-Form 500 <input type="checkbox"/> Partnership-Form 700 (5 months only) <input type="checkbox"/> Fiduciary-Form 501 (5 months only) <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Net Worth Tax (For Period Beginning) _____ <input type="checkbox"/> Other _____	2. For Period Ending: 12/31/2016	3. Extension Requested To: 10/15/2017

NOTE: Except as noted above, extensions are limited by law to six (6) months, please see line 6 of instructions.

SECTION 3
REASON FOR EXTENSION: Some payers have fraudulently issued information returns about me to the IRS. I need time to address the matter and get corrected information returns or rebut the fraudulent information returns.

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

4/15/2017
DATE

Brian E. Harriss
SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT
individual - BEH 4/15/17

IF SIGNED BY AGENT, AGENT'S FIRM OR TRADE NAME