An pay	nportant Information		Line by					
pay					structions			
the	n extension of time to file is not an ext y. The form and payment must be postmeter original due date of the return.	Partnership Name and Address: The address entered here is the address that will be used for correspondence regarding this extension request. Tax Year Ending: Enter the month and year your tax year ends, NOT the date you are making the payment. Federal Employer Identification Number (FEIN): Use the FEIN used when filing the City of Detroit Partnership Income Tax Quarterly Estimated Payment Voucher (Form 5461). This is the FEIN that should be used when filing the City of Detroit Income Tax Partnership Return (Form 5458).						
req	ty Income Tax Partnership filers must quest an extension and must file it ever							
Mic ext Do	evenue Service has approved a federal ex- ichigan Department of Treasury has app tension. In not send a copy of the federal extension etain a copy for your records.							
	n extension of time to file is not an extens	Submitting an Extension						
If this 70% dur the ext	there will be a tax liability, payment must sform and/or appropriate estimated tax pays of the prior year tax obligation) must ring the tax year, or the extension request tax due is underestimated and the payment tension request is insufficient, interest and the amount underpaid.	Make the check payable to "State of Michigan - Detroit." Write the Federal Employer Identification Number (FEIN), the tax year, and "Form 5460" on the check. Complete Form 5460 and mail, with the payment, to: Michigan Department of Treasury City Tax Division						
and	this form is properly prepared, meeting ald filed timely, the taxpayer will receive a onths beyond the original due date.			Box 30813 sing MI 48				
Š	_ D:	etach here and ma	il with your	payment	:. 			
Micl	chigan Department of Treasury - City Tax Administration,	, 5460 (Rev. <mark>09-23</mark>)						
A	pplication for Extension of	Time to File (City Inco	me Tax	κ Partnershi	ip Retur	'n	
	• • ued under authority of Public Act 284 of 1964, as amend		•			•		
	1	Tax Year End (MM-DD-YYY	Υ)	Payment is	for the City of	City Co	ode	
			,	DETRO	DIT	170		
	artnership Name				Federal Employer Ident	tification Numbe	r	
Pa					Tentative Annual Tax			
	ddress				2. Total Payments Made to Date			
		State	ZIP Code		2. Total Payments Made	e to Date	(00