	Michigan Department of Treasury - City Tax Administration, 520	9 (Rev. 04-20	Draft 4/15,	/2020		
	Form 5209, Instructions for CITY Income Tax Return Application for Extension of Time to File					
	Important Information		To Request More Time to File Your 2020 City Income Tax Return			
	An extension of time to file is NOT an extension of time	e to pay				
	the required tax.	T	Complete Form			
	Read the entire instructions before completing a CITY Inc Return Application for Extension of Time to File (Form 520)			by-Line Instructions below.		
	• An extension is not necessary when you expect to claim a		 U.S. form 4868 will not be accepted. Application for Extension of Time to File Michigan Tax 			
	refund. Late filing penalty may not apply as refunds	s can be		Form 4) will not be accepted.	Michigan Tax	
	claimed up to 4 years from the original due date wi extension.	thout an	*	payment must be postmarked on	or before the	
	 You must have made payments, through withholding 	a and/or	original due dat			
	estimated payments, toward your 2020 City Income To			me Tax Returns are due April 15		
	least 70% of your prior or current year tax liability, w	hichever		yable to State of Michigan - Detroi		
	is less, AND pay your required tax by the original due	e date of		20 City Extension" and the last Social Security number on the city		
	the return to be approved for an extension. If at the time the extension is filed, it is determined ac	dditional		5209 from the instructions. Sub		
	City of Detroit tax is due, send the amount due and a co		payment to th	ne Michigan Department of Tro		
	Form 5209. The form and payment must be postmarked on or before the original due date of the return.			address listed on the form.		
				of time, if approved, will be veed six months (October 15th).		
			period not to exceed six months (October 15th). Remember: An extension of time to file is NOT an extension of time to pay the			
	Penalty and Interest	1	required tax.			
	If the tax due is underestimated and sufficient payment is not paid with the application for extension on or before the original due date of the return, penalty and interest will be due on the unpaid or underpaid amount. The interest rate is 1 percent above the adjusted prime rate and is adjusted on January 1 and July 1 of each year. Interest is charged from the original due date of the return to the date the balance of		Line-by-Line Instructions			
			Lines not listed are explained on the form.			
			Line 2: Enter the month and year your tax year ends, NOT the date you are making the payment. For most City income tax filers,			
			this date is 12-2020		come tax filers,	
				nter your full Social Security nur	mber (9 digits)	
	the tax is paid.			g a joint return, enter your spous		
,	the initial penalty is 1 percent of tax due. Penalty increases by an additional 1 percent per month or fraction thereof, to a maximum \$25 percent for failure to pay.		Security number on line 4. Line 8: Enter your current mailing address. Line 9: Enter the amount of your extension payment. This payment should be claimed, in addition to any estimated payments or credit forward, on the corresponding line of your City Income			
	Any one of the following penalties may also apply to the					
	tax: 10 percent for negligence;		Tax return.	1 5 7	,	
	 25 percent for intentional disregard of the law. 					
	•		D 0.11			
	Detach here and mail with					
	Michigan Department of Treasury - City Tax Administration, 520	09 (Rev. 03-2	0)	Issued under the authority of Public Act 284 of	of 1964, as amended.	
	CITY Income Tax Return Application fo	or Exten	sion of Time t	o File		
	Make check payable to "State of Michigan - Detroit." Print "2020 (n " and last four digits of fi	iler's Social Security number on the ch	neck.	
	Mail to: Michigan Department of Treasury, PO Box 30738, Lansing, MI 48909		2. Month and Year Tax Year Ends (MM-YYYY)			
	Extension request is for City Income Tax					
	Filer's Full Social Security Number 4. Spouse	's Full Social Se	ecurity Number	5. Extension requested for City of:	6. City Code	
	7 Filor's Nome /First Nome Middle Initial Lett Nove)			DETROIT	170	
	7. Filer's Name (First Name, Middle Initial, Last Name)					
	8. Mailing Address (Address, City, State, ZIP Code)			9. Payment Amount		
	L				00	