



BUSINESS REPORTING EXTENSION REQUEST FOR REPORT YEAR _____

BUSINESS INFORMATION

Business Name			FEIN
Primary Contact Information	Name		
	Fax	E-Mail	
Address			
	City	State	Zip

REASON FOR EXTENSION REQUEST

REQUESTED EXTENSION (✓ ONE)

<input type="checkbox"/>	30 DAYS	<input type="checkbox"/>	60 DAYS	<input type="checkbox"/>	90 DAYS
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By signing below, I certify that I am duly authorized by the reporting business to make this request and that the information provided herein is true and accurate to the best of my knowledge.

Signature	Date

**Return the completed form to:
Fax: (334) 242-9620 ATTN Business Reporting OR
E-mail: moneyquest@treasury.alabama.gov**

FOR TREASURY USE ONLY

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED	REPORT DUE ON:
Signature				Date