

TIER 2 ANNUAL PERSONAL FINANCIAL DISCLOSURE STATEMENT TAX EXTENSION NOTIFICATION

STATEMENT COVERING CALENDAR YEAR: _____

OFFICE/POSITION HELD: _____

NAME OF FILER (print full name): _____

Mailing Address: _____

City, State, Zip: _____

Initial Filing of Extension Notification

Must be filed by May 15

Deadline for filing federal taxes: _____

Notification of Additional Extension Granted:

Must be filed within thirty days after the expiration of the prior extension

Deadline for filing federal taxes: _____

Signature of Filer