

## **TIER 2 ANNUAL PERSONAL FINANCIAL DISCLOSURE STATEMENT TAX EXTENSION STATEMENT**

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STATEMENT COVERING CALENDAR YEAR: \_\_\_\_\_

OFFICE/POSITION HELD: \_\_\_\_\_

**NAME OF FILER** (print full name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Initial Filing of Extension Statement**

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**