

Request for Extension of TPP Tax Return Filing Date Mailing Address: Pasco County Property Appraiser, PO Box 401, Dade City, FL 33526-0401

Email: tpp@pascopa.com Phone number: 352-521-4238

Owner Name or Filing Agent

76 '1' A 11			
Mailing Address			
City State Zip			
Phone Number E	mail Address		
I hereby request an extension of business(es):	30 days to file a Tangible Perso	onal Property Tax R	eturn for the following
WARNING! OMISSION OF LOCAT	TION WILL RESULT IN THE DEN	NIAL OF THIS REQU	EST!
Business Name (d/b/a)	Physical Location of Assets	S	Account Number
	Use additional sheets if nee	eded.	
PLEASE WRITE LEGIBLE TO AV ACCOUNT MUST BE LISTED ON			ANTED EXTENSION REQUEST. EAC ACHED TO THIS FORM.
A COPY OF THE EXTENSION R PROPERTY TAX RETURN IN O	EQUEST <mark>MUST BE INCLUDE</mark> RDER FOR IT TO GET GRAN	D AS PART OF THI TED. (NO PRE-API	E TANGIBLE PERSONAL PROVAL NEEDED)
I understand that this request is made than May 1st with the attached DR-4 business to avoid late penalties.			rith the Property Appraiser's office no late signed by owner or officer of the
Owner or filing Agent Signature	Filed Returns must be signed	Date I by <u>Business Owner</u>	