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or Fiscal Year Beginning 2013, Ending	*21312013*
Federal Employer Identification Number	
Partnership Name	
Address (Number and Street or Rural Route)	
City or Town Sta	tte Zip Code
Reason for Extension:	
If approved, this extension will be for 3 months. If you would like to request an additional 3 month extension (total 6 month extension) check here:	
Total estimated tax liability for 2012	······································
	.00
2. 2012 Estimated Payments	.00
3. If line 1 is larger than line 2 enter amount of tax due. (Make check payable to: Treas	urer, City of Detroit)
Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.	
	Signature of preparer other than taxpayer Date
Partner's Signature Date Title	Address I.D. number
MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2014 or at the end of the four	• •
Returns with Payments: TREASURER, CITY OF DETROIT P.O. BOX 33406	Refund and all others: DETROIT CITY INCOME TAX P.O. BOX 33406
Detroit, Michigan 48232	Detroit, Michigan 48232
For office use only.	
Denied	
Reason:	_
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