

**NOTICE OF AUTOMATIC EXTENSION OF
TIME TO FILE TAX RETURN**

**New York State
Ethics Commission For
The Unified Court System
25 Beaver Street, Room 875
New York, New York 10004
(212) 428-2899**

**Internet: www.nycourts.gov/ip/ethics
Intranet: UCS home page: Topics A-Z
Email: ethicscomm@nycourts.gov**

**DO NOT USE THIS FORM TO REQUEST AN EXTENSION OF TIME TO FILE YOUR
FEDERAL OR NEW YORK STATE TAX RETURNS.**

1. NAME OF EMPLOYEE	JOB TITLE & CODE		
2. HOME ADDRESS: _____			
	STREET	CITY/STATE	ZIP
3. WORK ADDRESS: _____			
	STREET	CITY/STATE	ZIP
4. WORK TELEPHONE #: (_____) _____			
	Area Code		

5. Indicate the date that your automatic extension to file your taxes expires.
Date: _____

6. Identify, by question number(s), the information which you cannot timely provide on your financial disclosure statement, describing the nature of the information:

Annex hereto a copy of the application filed with the Internal Revenue Service for an automatic extension of time in which to file your income tax return for the immediately preceding calendar year.

A financial disclosure statement completed except for the questions listed above must be filed with this notice:

i) on or before **May 15**, if you were a UCS employee on January 1, or commenced UCS employment from January 2 through April 15, of this year; or

ii) **thirty days** from the date you commenced UCS employment if you commenced employment from April 16 through December 31 of this year.

A supplementary financial disclosure statement containing the information listed above must be filed on or before the seventh day after the expiration of the automatic extension to file your tax return. We will send you a supplementary form upon receipt of this application with partially completed financial disclosure statement.

SIGNATURE

DATE