

Form **4868**Department of the Treasury
Internal Revenue Service (99)

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**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2010

**Mail To: Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0045**

CUT HERE

Form **4868**Department of the Treasury
Internal Revenue Service (99)**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2010

For calendar year 2010, or other tax year beginning

, ending

Part I Identification		Part II Individual Income Tax	
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2010 \$ 0	
CLAUDE A SIMON		5 Total 2010 payments 0	
Address (see instructions) 71 TONJES RD PO BOX 291		6 Balance due. Subtract line 5 from line 4 (see instructions) 0	
City, town, or post office CALICOON		7 Amount you are paying (see instr.) ► 0	
State NY		8 Check here if you are "out of the country" and a U.S. citizen or resident (see instructions) ► <input type="checkbox"/>	
ZIP code 12723		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ► <input type="checkbox"/>	
2 Your social security number 106-50-1158		3 Spouse's social security number	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2010)

Form IT-370 Application for Automatic Six-Month Extension of Time to File for Individuals

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▼ Detach here ▼ Do not attach to your return.

New York State Department of Taxation and Finance

2010 Application for Automatic Six-Month Extension of Time to File for Individuals**IT-370**Paid preparer? Mark an X in the box and complete the back X

Your social security number (SSN) 106-50-1158	Spouse's SSN (only if filing a joint return)	
Your first name and middle initial CLAUDE A	Your last name SIMON	
Spouse's first name and middle initial	Spouse's last name	
Mailing address (number and street or rural route) 71 TONJES RD PO BOX 291		Apartment number
City, village, or post office (see instructions) CALICOON		State NY
ZIP code 12723		
E-mail:		

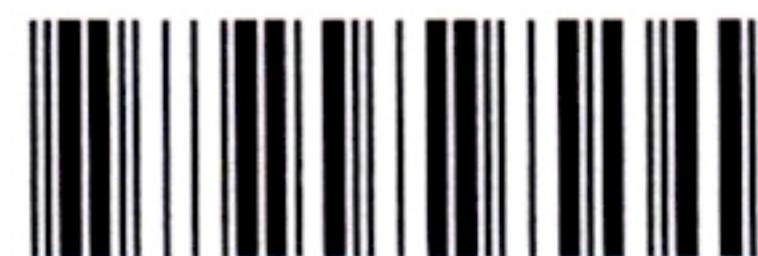
Enter your 2-character special condition code

if applicable (see instructions)

Mark an X in the box for each tax that you are subject to:

New York State tax New York City tax Yonkers tax

	Dollars	Cents
1 Sales & use tax	<input type="text"/>	00
2 Total payment	<input type="text"/>	00



Form IT-370 Application for Automatic Six-Month Extension of Time to File for Individuals

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▼ Detach here ▼ Do not attach to your return.**IT-370 (2010) (back)**

Payment options — Full payment must be made by check or money order of any balance due with this automatic extension of time to file. Make the check or money order payable to **New York State Income Tax** and write your social security number and **2010 Income Tax** on it.

For online payment options, see our Web site (at www.nystax.gov).

Paid preparers — When signing Form IT-370, you must enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your social security number.

Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information, see Publication 58, Information for Income Tax Return Preparers.

▼ Paid preparer must complete (see instructions) ▼		Date: 04-15-2011
Preparer's signature ►		► Preparer's NYTPRIN _____
Firm's name (or yours, if self-employed) COHN & LANGER, CPAS		▼ Preparer's PTIN or SSN P00447700
Address 18 BLANCHE ST PLAINVIEW NY 11803-4607		● Employer identification number _____
E-mail:		Mark an X if self-employed <input checked="" type="checkbox"/>

