



## HOLDER REQUEST FOR EXTENSION

<b>HOLDER INFORMATION</b>		
Holder Name:	Tax/FEIN Number:	
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number:	Fax Number:
<b>REQUEST INFORMATION</b>		
Select additional time required to complete report:		
30 Days	60 Days	90 Days
Reason for request:	Personnel Changes	New Computer Program
	Reorganization/Merger	System Problems
Please provide a detailed explanation:		
<b>CERTIFICATION</b>		
<p>I am requesting an extension for reporting year_____. I am aware of Idaho's requirement to remit abandoned property by November 1st and am duly authorized to execute this request for an extension.</p>		
Name_____	Title_____	
Phone No._____	Fax No._____	Email_____
Signature_____	Date_____	
<b>UNCLAIMED PROPERTY USE ONLY</b>		
The Idaho Unclaimed Property office will consider the following criteria in evaluating this request:		
	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Previous Filing History (if filed)	<input type="checkbox"/>	<input type="checkbox"/>
Detailed Explanation Provided	<input type="checkbox"/>	<input type="checkbox"/>
Prior Requests for Extensions (consecutive)	<input type="checkbox"/>	<input type="checkbox"/>
Extension Approved <input type="checkbox"/>	Extension Denied <input type="checkbox"/>	Report Due on _____
Reason for denial _____		
_____	_____	_____
Authorized Signature	Title	Date