

**NOTICE OF AUTOMATIC EXTENSION OF  
TIME TO FILE TAX RETURN AND SUPPLEMENTARY  
FINANCIAL DISCLOSURE STATEMENT**

**New York State  
Ethics Commission For  
The Unified Court System  
25 Beaver Street, Room 875  
New York, New York 10004**

**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.

6. Identify, by question number(s), the information which you can not 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 INDIVIDUAL INCOME TAX FOR THE IMMEDIATELY PRECEDING CALENDAR YEAR.

A FINANCIAL DISCLOSURE STATEMENT COMPLETED EXCEPT FOR THE QUESTIONS LISTED ABOVE MUST BE FILED TOGETHER WITH THIS NOTICE, ON OR BEFORE MAY 15.

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE