

EXTENSION REQUEST FOR FILING FINANCIAL AND STATE SINGLE AUDITS

Complete the form below and return by e-mail attachment to: OPM.mfsforms@ct.gov at least 30 days prior to the end of the 6-month filing period.

Pursuant to C.G.S. 7-393 and/or S.S.A. Regulation 4-236-25, a _____ day extension
*(Number of days)**
 for filing the ____/____/____ Audited Financial Statements ____ State Single Audit ____ is
(Fiscal Year Ended) *(Check applicable reports)*
 requested until ____/____/____ for _____
(New filing date) *(Name of entity)*

Entity Federal Employer Identification Number (FEIN): _____

Entity Address _____
 _____ Zip _____

Contact Person & Title _____

Telephone (____) _____ Email _____

Specific Reasons For the Request: (Requests will not be approved if specific reasons are not provided)

List State Agency(s) providing funds

(To be completed by entity receiving funds) _____

Requested by:

Independent Accountant or Accounting Firm _____

Address _____
 _____ Zip _____

Telephone (____) _____ Email _____

Independent Auditor's Name *Independent Auditor's Signature* *Date*

Chief Executive Officer's Name *Chief Executive Officer's Signature* *Date*

FOR OPM ACTION ONLY

Extension Approved ____ Denied ____ Date ____/____/____ For OPM _____

Date Auditor Emailed : ____/____/____ Date State Agencies Notified : ____/____/____

Comments _____

04/22/19

* Requests for extensions should not exceed 30 days per request. Please allow 10 days for processing.