

**EXTENSION REQUEST FOR FILING
FINANCIAL AND STATE SINGLE AUDITS**

Pursuant to C.G.S. 7-393 and/or S.S.A. Regulation 4-236-25, 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.

Name of Entity: _____ Fiscal Year End: ____/____/____

Entity Address: _____ Zip: _____

Contact Person: _____

Title: _____

Telephone: (____) _____ Email: _____

One-month extension:

Requested until ____/____/____ for **Audited Financial Statements** ____ **Single Audit** ____
(Check applicable reports)

Accounting Firm: _____

Telephone: (____) _____ Email: _____

Complete the Schedule on page two of this form identifying each significant item delaying the issuance of the audit report. Your extension request will not be approved without completion of the Schedule.

Independent Auditor's Name

Independent Auditor's Signature

Date

Chief Executive Officer's Name

Chief Executive Officer's Signature

Date

