

**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*

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Item / Issue	Information or Action Needed	Name of Person Responsible / Title	Planned Completion Date	Comments / Explanation