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Holder Request for 60 Day Extension of Due Date for Holder Report

Section 1 – Holder Information

Holder name			FEIN
Street Address			Reporting Month & Year
City	State	Zip	Contact Phone Number ( )
Contact Person			Contact Fax Number ( )
Estimated / Actual Dollars to be Reported / Remitted			Estimated / Actual Shares to be Reported / Remitted

Section 2 – Request for Information

Reason for Extension *(see instructions below)*

Print Name	Title
Signature	Date

Instructions

Required information:

- Under Reason for Extension, provide a detailed explanation of why you are requesting the extension.
- Submit this form by prior to November 1.

Mail to: Wisconsin Department of Revenue
PO Box 8982
Madison WI 53708-8982

Fax to: (608) 261-6799

Email to: DORWIHolderReports@wisconsin.gov

Contact information:
(608) 264-4594
Website: wismissingmoney.com