

Mail To:
VDACS
OCRP
PO Box 526
Richmond, VA 23218



Form 116 (Rev. 3/25)
Financial Report Extension Request Form
 Request must be made within 15 days of the
 report due date.
 VDACS FINANCE CODE: 988-02199

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

1st 1/1 thru 3/31 June 1st	2nd 4/1 thru 6/30 Sept. 1st	3rd 7/1 thru 9/30 Dec. 1st	4th 10/1 thru 12/31 March 1st	Annual 1/1 thru 12/31 March 15th	Year

ORGANIZATION INFORMATION

If this organization is either a Volunteer Fire Department or Rescue Squad enter **X** in the adjacent box

Organization Name _____	OCRP No. _____
Mailing Address _____	
City _____	State _____ Zip _____
Business Phone _____	E-Mail _____
Contact Person _____	Daytime Phone _____

PART 1 - REQUEST

In the box below, please provide a statement providing the reason(s) the organization is requesting an extension. OCRP will review the request and notify the organization if the request is approved or denied.

PART 2 - PROJECTED FEES

Per Virginia Code § 18.2-340.30(E) organization's must pay all projected fees by the due date of the report when filing for an extension. Please note on an Annual Report the organization would only owe fees if the receipts reported on the Annual Report differ from the total receipts reported on the four quarterly reports. If you are requesting an extension for an Annual Report with no change to receipts, enter \$0.00 on Line 1a below.

1. a. Projected Receipts (Line 10 from the report)		
b. Projected Audit and Administrative Fee Based on Gross Receipts- <i>Volunteer Fire Department or Rescue Squad Organizations are exempt from these fees</i> (Line 1a x 0.50%)		
c. Projected Additional Fee Based on Gross Receipts - <i>Volunteer Fire Department or Rescue Squad Organizations are exempt from these fees</i> (Line 1a x 0.25%)		
d. Projected Total Fees Due on Gross Receipts (Lines 1b + 1c)		

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.

Signature of President or Designee _____	Date: _____
Print Name: _____	Title: _____