

EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:

To be used by a corporation or LLC for requesting an automatic six (6) month extension of time for filing a Rhode Island Corporation Tax Return RI-1120C or RI-1120S.

TO BE EFFECTIVE:

1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with this request.
2. This form must be completed and filed before the date prescribed for payment of the tax.
3. This form must be signed by a person authorized to represent the corporation in this matter.

NOTE:

The extension of time is limited to:

1. The date requested, or
2. The date on which a certificate of good standing is required to be issued, whichever is earlier.

ONLINE PAYMENT

Your extension payment can be made online. For more information, visit:

<https://www.ri.gov/taxation/business/index.php>



STATE OF RHODE ISLAND
DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

**AUTOMATIC SIX MONTH
EXTENSION REQUEST**

YOUR COPY

DO NOT FILE THIS COPY
WITH R.I. DIV. OF TAXATION

NAME

TAXPAYER IDENTIFICATION #

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

Signature of Officer or Agent.

7004

For Calendar Year _____
Or Taxable Year Beginning _____ And Ending _____

ESTIMATED TAX CURRENT YEAR	\$								0	0
AMOUNT PAID AND CREDITED TO DATE	\$								0	0
AMOUNT DUE WITH EXTENSION	\$								0	0

AMOUNT ENCLOSED	\$								0	0
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Key # 5



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DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

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EXTENSION REQUEST**

NAME

ADDRESS

CITY, STATE, ZIP CODE

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For Calendar Year _____
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ESTIMATED TAX CURRENT YEAR	\$								0	0
AMOUNT PAID AND CREDITED TO DATE	\$								0	0
AMOUNT DUE WITH EXTENSION	\$								0	0

AMOUNT ENCLOSED	\$								0	0
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Key # 5