State of Rhode Island Division of Taxation

Form BUS-EXT

Business Tax Automatic Extension Request

13111499990101

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999
Address	For the period ending:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/31/2020 MM/DD/YYYY
Address 2	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

City, town or post office	State	ZIP code	E-mail address
XXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

This form must be completed and filed before the date prescribed for payment of the tax.

Part 1: Automatic extension

Check the box next to the form for which you are requesting an extension. Check only one box.

- [x] Form RI-1120POL - Rhode Island Political Organization - Key #78 - **6 month extension**
- [x] Form T-72 - Rhode Island Public Service Corporation Gross Earnings - Key #22 - **see below**
- [x] Form T-74 - Rhode Island Banking Institution Excise - Key #11 - **see below**
- [x] Form RI-PTE - Pass-Through Entity Election - Key #83 - **see below**

Automatic Extension Periods

Automatic six (6) month extension for calendar and fiscal year filers (except for filers with a June 30 fiscal year end) of Form T-72, T-74 or RI-PTE.

Automatic seven (7) month extension for June 30 year end filers of Form T-72 or T-74 or RI-PTE

Mail voucher and payment to:
RI Division of Taxation
One Capitol Hill - Suite 9
Providence, RI 02908-5811

Part 2: Amount due with extension

1	Estimated tax due for the current year	1	9999999999 99
2	Carry forward and estimated payments paid to date	2	9999999999 99
3	Balance due with extension request. Subtract line 2 from line 1	3	9999999999 99
4	Amount paid with extension request	4	9999999999 99

Payments can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	12/31/2020	(999) 999-9999

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	12/31/2020	(999) 999-9999

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XX	XXXXX	P99999999

May the Division of Taxation contact your preparer? YES [x]

Revised 04/2020

DRAFT 10/06/2020