EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:

To be used by a corporation, an LLC or partnership for requesting an automatic extension of time for filing Rhode Island Form RI-1120C, RI-1120S or RI-1065.

Automatic six (6) month extension for filers of Form RI-1120C (except for filers with a June 30 fiscal year end), Form RI-1120S or Form RI-1065 (LLC, LLP, LP, Partnership, SMLLC).

Automatic seven (7) month extension for June 30 year end filers of Form RI-1120C.

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

If you make your payment online, you do not need to send in this extension request form.

		TE OF RHODE ISLA		•
RI-7004				
	DIVISION OF TAXATION	- ONE CAPITOL HILL - P	ROVIDENCE, RI 02908	
YOUR CO		For the Taxable Year I	Ending:	/
DO NOT FILE THIS COF		ESTIMATED TAX		
RHODE ISLAND DIVISION	RI-70			0 0
NAME			C C	00
FEDERAL EMPLOYER IDENTIFICATION NUMBER		CREDITED TO DATE		00
		AMOUNT DUE	\$	0 0
I declare, under the penalties of perjury, that this docume		WITH EXTENSION	ΨΒυμου	
to the best of my knowledge and belief, is true, and comp	plete.			
		AMOUNT	\$	0 0
Signature of officer or ag	jent.	ENCLOSED	Ψ	
		TE OF RHODE ISLA		
RI-7004	AUTOMATIC EXTENSION RE	QUEST FOR RI-1120C, RI-	1120S and RI-1065 FILERS	
	DIVISION OF TAXATION	- ONE CAPITOL HILL - P	ROVIDENCE, RI 02908	
[NAME			1	1
		For the Taxable Year I	Ending: /	/
ADDRESS		ESTIMATED TAX	¢	00
CITY, STATE, ZIP CODE	——————————————————————————————————————	CURRENT YEAR	Y DUDU	00
		AMOUNT PAID AND	\$	0 0
FEDERAL EMPLOYER IDENTIFICATION NUMBER				0
FEDERAL EMPLOTER IDENTIFICATION NUMBER	I	AMOUNT DUE		

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.

WITH EXTENSION		00
AMOUNT ENCLOSED	\$	00

