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### Form BUS-EXT

### Business Tax Automatic Extension Request

2311149990101

Name				Federal employer identification number	
Address			For the period ending:		
			MM/DD/YYYY		
Address 2					
City, town or post office	State	ZIP code	E-mail address		

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.**

- Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax
- Form RI-1120POL - Rhode Island Political Organization - **6 month extension**
- Form T-72 - Rhode Island Public Service Corporation Gross Earnings - **see below**
- Form T-74 - Rhode Island Banking Institution Excise - **see below**
- Form RI-PTE - Pass-Through Entity Election - **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  
 Providence, RI 02908

**NOTE:** If payment is made online, you do not need to send voucher in.

#### Part 2: Amount due with extension

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

**Payments can be made online. For more information, visit: <https://tax.ri.gov/online-services/tax-portal>**

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	
Paid preparer signature	Print name	Date	Telephone number	
Paid preparer address	City, town or post office	State	ZIP Code	PTIN

May the Division of Taxation contact your preparer? YES

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