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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

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.

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

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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