

## State of Rhode Island Division of Taxation Form BUS-EXT



23111499990101

## Business Tax Automatic Extension Request

Name			Federal employer identification number				
Address			For the period ending:				
			MM/	DD/YY	YYY		
Address 2							
City, town or post office	State	ZIP code	E-mail address				
	e completed and	d filed before the date	prescribed for payment of	of the tax	<b>.</b> .		
Part 1: Automatic extension							
Check the box next to the form for whether the box next to the box next to the form for whether the box next to th	nich you are re	equesting an extens	ion. Check only one box.				
Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax				ELECTRONIC MANDATE  The Rhode Island Division of Taxation has an electronic mandate that requires Larger  Business Registrants use electronic means to			
Form RI-1120POL - Rhode Island Political Organization - 6 month extension							
Form T-72 - Rhode Island Public	Service Corp	oration Gross Earni	ngs - <b>see below</b>	1	irns and remit taxes beginn $\sqrt{1}$ , 2023.	ing on	
Form T-74 - Rhode Island Banki	•			:	re information, refer to the		
				paymer	r the form which you are n nt on Taxations' website:	naking this	
Form RI-PTE - Pass-Through E	ntity Election -	see below		-	tax.ri.gov/forms		
Automatic Extension Periods					To file and pay, visit Taxation's portal:  https://taxportal.ri.gov/  If you are not required to file and pay via		
Automatic six (6) month extension for calendar and fiscal year filers (except for filers with a				If you a			
-	•	m T-72, T-74 or RI-P		electro	nic means, send form and p		
Automatic seven (7) month extension for June 30 year end filers of Form T-72 or T-74 or RI-F				One Capitol Hill			
Part 2: Amount due with extension	n			Prov	idence, RI 02908		
Estimated tax due for the curren	t vear			1			
Estimated tax due for the current	it your			·····			
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			
			need to send this form in. <u>//tax.ri.gov/online-service</u>		<u>rtal</u>		
Under penalties of perjury, I declare that I have							
belief, it is true, accurate and complete Decl Authorized officer signature		nt name	Date		parer has any knowledge ephone number	<del>5</del>	
Paid preparer signature	Pri	nt name	Date	Tel	ephone number		

PTIN

City, town or post office

State

ZIP Code

Paid preparer address