

State of Rhode Island Division of Taxation  
**Form BUS-EXT**  
 Business Tax Automatic Extension Request

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: 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	

**Part 2: Automatic Extension**

1 Form RI-1065/1120 - Rhode Island Corporate Income Tax.....	1	
2 RI Schedule PTW - Pass-through Withholding - <b>See Below</b> .....	2	
3 RI Schedule PTE - Pass-through Entity Election - <b>See Below</b> .....	3	
4 Form RI-1120POL - Rhode Island Political Organization Tax - <b>6 Month Extension</b> .....	4	
5 Form T-72 - Rhode Island Public Service Corporation Gross Earnings Tax - <b>See Below</b> .....	5	
6 Form T-74 - Rhode Island Banking Institution Excise Tax - <b>See Below</b> .....	6	

**Automatic Extension Periods**

Automatic six (6) month extension for calendar and fiscal year filers of Form RI-1065 or RI-1120S

Automatic six (6) month extension for calendar and fiscal year filers (except for filers with a June 30 fiscal year end) of Form RI-1120C, T-72 or T-74

Automatic seven (7) month extension for June 30th year end filers of Form RI-1120C, T-72 or T-74

**Payments must be made electronically. 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