

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



24111499990101

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 (see Automatic Extension Periods section below for length of extension)

1 Form RI-1065/1120 - Rhode Island Corporate Income Tax.....	1		
2 RI Schedule PTW - Pass-through Withholding	2		
3 RI Schedule PTE - Pass-through Entity Election	3		
4 Form RI-1120POL - Rhode Island Political Organization Tax	4		
5 Form T-72 - Rhode Island Public Service Corporation Gross Earnings Tax	5		
6 Form T-74 - Rhode Island Banking Institution Excise Tax	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 30 fiscal year end filers of Form RI-1120C, T-72 or T-74

NOTE: Filers of Form RI-1065/RI-1120S with RI Schedule PTW and/or PTE should break out the extension amount(s) based on source of tax.

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