VOUCHER INSTRUCTIONS

EXTENSION REQUEST VOUCHER

To be used by a corporation for requesting an automatic six (6) month extension of time for filing a Rhode Island Corporation Tax Return (RI-1120)

TO BE EFFECTIVE:
1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with the request.
2. This form must be completed and filed before the date prescribed for payment of the tax.
3. This form must be signed by a person authorized to represent the corporation in this matter.

NOTE:
The extension of time is limited to:
1. The date requested, or
2. The date on which a certificate of good standing is required to be issued, whichever is earlier.

STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

1120DWR

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NAME
ADDRESS
CITY STATE ZIP
TAXPAYER IDENTIFICATION #

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

7004

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NAME
ADDRESS
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TAXPAYER IDENTIFICATION #

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent