

**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-1120C or RI-1120S.

**TO BE EFFECTIVE:**

1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with this 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 SUITE 9, PROVIDENCE, RI 02908-5811

**AUTOMATIC SIX MONTH  
EXTENSION REQUEST**

**YOUR COPY**

DO NOT FILE THIS COPY  
WITH R.I. DIV. OF TAXATION

**7004**

For Calendar Year \_\_\_\_\_  
Or Taxable Year Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

ESTIMATED TAX CURRENT YEAR	\$									0	0
AMOUNT PAID AND CREDITED TO DATE	\$									0	0
AMOUNT DUE WITH EXTENSION	\$									0	0

AMOUNT ENCLOSED	\$									0	0
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NAME

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, and complete.

\_\_\_\_\_  
Signature of Officer or Agent.



**STATE OF RHODE ISLAND**  
DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

**AUTOMATIC SIX MONTH  
EXTENSION REQUEST**

NAME

ADDRESS

CITY, STATE, ZIP CODE

TAXPAYER IDENTIFICATION #

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For Calendar Year \_\_\_\_\_  
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AMOUNT ENCLOSED	\$									0	0
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