

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: Automatic six-month extension

Check the box next to the form for which you are requesting an extension. Check only one box.

Form RI-1120POL - Rhode Island Political Organization - Key #77

Form T-72 - Rhode Island Public Service Corporation Gross Earnings - Key #22

Form T-74 - Rhode Island Banking Institution Excise - Key #11

Mail voucher and payment to:
 RI Division of Taxation
 One Capitol Hill - Suite 9
 Providence, RI 02908-5811

Part 2: 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		

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