

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