RI-8800

Application For Additional Extension of Time To File RI Partnership or RI Fiduciary Income Tax Return

2004

Please print or type

Please enter return address below

Name

Federal Identification Number

Address Line 1

Address Line 2

City, Town or Post Office   State   Zip Code

Part 1 Explanation

NOTE: Use this form to request more time to file RI-1065 or RI-1041. Use this form only if you have already filed RI-8736. If you have not already filed RI-8736, you cannot request an additional extension. Explain the reason for the request for additional time on line 4.

1. An additional extension of time until _____, 2005 is hereby requested in which to file form ☐ RI-1065 ☐ RI-1041.

2. For (check one) ☐ calendar year 2004 or ☐ fiscal year beginning _____ , 2004 and ending _____ , 200__ .

3. Have you previously requested an extension of time to file for 2004 on RI-8736? ☐ Yes ☐ No (if no, do not submit this form)

4. Explain reason(s) why you need additional time : ➡ _____

_____

_____

Part 2 Signature and Verification

If prepared by the taxpayer - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Signature of Taxpayer ➡ _____   Date ➡ _____

If prepared by someone other than the taxpayer - Under penalties of perjury, I declare to the best of my knowledge and belief, the statements made herein are true and correct, and that I am authorized by the taxpayer(s) to prepare this application.

Signature of Preparer ➡ _____   Date ➡ _____

Preparer's Name ➡ _____   FIN / PTIN ➡ _____
(print or type)

File ORIGINAL and ONE COPY with: **The Rhode Island Division of Taxation**
One Capitol Hill
Providence, RI 02908-5806

DO NOT STAPLE OR CLIP COPY OF FORM RI-8800 TO ORIGINAL RI-8800. The copy, approved or denied, will be returned to you only if you have provided a duplicate copy. Please attach the approved copy to your return when you file with this office.

Part 3 Notice to Applicant

THIS PART WILL BE COMPLETED BY THE STATE OF RI. DO NOT WRITE IN THIS PART.

☐ We have approved your application.

☐ We have not approved your application.

☐ We have not approved your application, as the maximum extension of time allowed by law is six (6) months.

☐ Other: _____

Division of Taxation Signature _____

Part 4 Return Address

Please enter the name and address where you would like this form returned:

Taxpayer's Name or Preparer's Name (if applicable)

Address (number and street, including apartment no. or rural route)

City, State and Zip Code