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 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.

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STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

AUTOMATIC SIX MONTH EXTENSION REQUEST

YOUR COPY		For Calendar Year Or Taxable Year Beginning		And Ending		
DO NOT FILE THIS COPY WITH R.I. DIV. OF TAXATION	7004	ESTIMATED TAX CURRENT YEAR			0	
NAME		AMOUNT PAID AND CREDITED TO DATE			0	
TAXPAYER IDENTIFICATION #		AMOUNT DUE WITH EXTENSION			0	
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.		AMOUNT ENCLOSED	\$		0	



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

AUTOMATIC SIX MONTH EXTENSION REQUEST

NAME		For Calendar Year — Or Taxable Year Beginning —	_ And Ending	
ADDRESS	7004	ESTIMATED TAX CURRENT YEAR		0 0
CITY, STATE, ZIP CODE		AMOUNT PAID AND CREDITED TO DATE		0 0
TAXPAYER IDENTIFICATION #		AMOUNT DUE WITH EXTENSION		0 0
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.		AMOUNT ENCLOSED	\$	0 0