VOUCHER INSTRUCTIONS

EXTENSION REQUEST VOUCHER:

To be used by a banking institution for requesting an automatic six (6) month extension of time for filing a Rhode Island Banking Institution Excise Tax Return - Form T-74.

TO BE EFFECTIVE:

- 1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with this request.
- This form must be completed and filed before the date prescribed for payment of the tax.
 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.

ONLINE PAYMENT

Your extensiion payment can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

BANKING INSTITUTION EXCISE TAX AUTOMATIC SIX MONTH EXTENSION REQUEST

YOUR COPY DO NOT FILE THIS COPY	For Calendar Year Or Taxable Year Beginning And Ending
WITH R.I. DIV. OF TAXATION	estimated tax current year
NAME	AMOUNT PAID AND CREDITED TO DATE
TAXPAYER IDENTIFICATION #	AMOUNT DUE SUTH EXTENSION O O
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 \$ 00



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

BANKING INSTITUTION EXCISE TAX AUTOMATIC SIX MONTH EXTENSION REQUEST

NAME		For Calendar Year Or Taxable Year Beginning	And Ending	
ADDRESS	T74-	ESTIMATED TAX CURRENT YEAR		0 0
CITY, STATE, ZIP CODE	CVT	AMOUNT PAID AND CREDITED TO DATE		0 0
TAXPAYER IDENTIFICATION #	EXT	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.				
Singature of Officer or Agent	#11	AMOUNT ENCLOSED	\$	0 0
Signature of Officer or Agent.	#11			