## **VOUCHER INSTRUCTIONS**

## **EXTENSION REQUEST VOUCHER:**

To be used by a public service corporation for requesting an automatic six (6) month extension of time for filing a Rhode Island Public Service Corporation Gross Earnings Tax Return - Form T-72.

### 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

# PUBLIC SERVICE CORPORATION **AUTOMATIC SIX MONTH EXTENSION REQUEST**

YOUR COPY	For Calendar Year E	For Calendar Year Ending December 31,		
DO NOT FILE THIS COPY WITH R.I. DIV. OF TAXATION	ESTIMATED TAX CURRENT YEAR	\$ 00		
NAME	AMOUNT PAID AND CREDITED TO DATE	\$ 00		
TAXPAYER IDENTIFICATION#	AMOUNT DUE WITH EXTENSION	\$ 00		
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	\$ 00		



#### STATE OF RHODE ISLAND

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

PUBLIC SERVICE CORPORATION **AUTOMATIC SIX MONTH EXTENSION REQUEST** 

NAME		For Calendar Year Ending December 31,		
ADDRESS	T72-	ESTIMATED TAX CURRENT YEAR		0 0
CITY, STATE, ZIP CODE	CVT	AMOUNT PAID AND CREDITED TO DATE		0 0
TAXPAYER IDENTIFICATION #	EXI	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.	key #22	AMOUNT ENCLOSED	\$	0 0