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.
- 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.

ONLINE PAYMENT

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

If you make your payment online, you do not need to send in this extension request form.



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814

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	T74-	ESTIMATED TAX CURRENT YEAR	\$	00
TAXPAYER IDENTIFICATION #	CVT	AMOUNT PAID AND CREDITED TO DATE	\$	0 0
	EXT	AMOUNT DUE WITH EXTENSION	\$	0 0
I declare, under the penallies 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
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STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814

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.				
Signature of Officer or Agent.	Key #11	AMOUNT ENCLOSED	\$	0 0
	,			