# EXTENSION REQUEST INSTRUCTIONS

## **EXTENSION REQUEST:**

To be used by a corporation for requesting an additional one (1) month extension of time for filing a Rhode Island Corporation Tax Return RI-1120C with Schedule CRS. This extension provides another month for filing Form RI-1120C with Schedule CRS in addition to the automatic six (6) month extension allowed by filing Form RI-7004. You must have filed Form RI-7004 timely in order to file Form RI-7004-CRS.

### 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 extension 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 **RI-7004-CRS** ADDITIONAL ONE MONTH EXTENSION REQUEST - C-CORP ONLY DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

FEDERAL EMPLOYER IDENTIFICATION NUMBER	RI-7004-CRS	For Calendar Year Or Taxable Year Beginn	 And Ending	
		ESTIMATED TAX CURRENT YEAR		00
		AMOUNT PAID AND CREDITED TO DATE		0 0
		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 #5	AMOUNT ENCLOSED	\$	0 0



# STATE OF RHODE ISLAND ADDITIONAL ONE MONTH EXTENSION REQUEST - C-CORP ONLY DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

NAME	RI-7004-CF	For Calendar Year — Or Taxable Year Begir	And Ending	
ADDRESS				0 0
CITY, STATE, ZIP CODE		AMOUNT PAID AND CREDITED TO DATE		0 0
FEDERAL EMPLOYER IDENTIFICATION NUMBER		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