EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:

To be used by a corporation, LLC or partnership for requesting an automatic six (6) month extension of time for filing Rhode Island Form RI-1120C, RI-1120S or RI-1065.

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 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.

RI-7004

STATE OF RHODE ISLAND

AUTOMATIC SIX MONTH EXTENSION REQUEST FOR RI-1120C, RI-1120S AND RI-1065 FILERS DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

| YOUR COPY DO NOT FILE THIS COPY WITH THE | | For Calendar Year Or Taxable Year Beginning | _ And Ending | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------|------------------|-----|
| PHODE ISLAND DIVISION OF TAXATION | RI-7004 | ESTIMATED TAX CURRENT YEAR | | 0 0 |
| | KI-7004 | 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 |

RI-7004

STATE OF RHODE ISLAND

AUTOMATIC SIX MONTH EXTENSION REQUEST FOR RI-1120C, RI-1120S AND RI-1065 FILERS DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

| NAME | | For Calendar Year ———————————————————————————————————— | _ And Ending | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|--------------|-----|
| ADDRESS | | ESTIMATED TAX CURRENT YEAR | | 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. | | | | |
| | | AMOUNT ENCLOSED | \$ | 0 0 |
| Signature of officer or agent. | Kev #5 | | | |