## State of Rhode Island and Providence Plantations

## Form BUS-EXT

Business Tax Automatic Extension Request

Name				Federal employer identifica	tion numb	er	
Address				For the period ending:  MM/DD/YYYY			
Address 2				1.11.1/	דו / דו	. 1 1	
City, town or post office	State	ZIP code		E-mail address			
This form must b	pe completed and	filed before	the date	prescribed for payment of	of the tax		
Part 1: Automatic extension							
Check the box next to the form for w	hich you are re	questing a	n extens	on. Check only one b	OX.		
Form RI-1120POL - Rhode Isla	-						
Form T-72 - Rhode Island Publi	ic Service Corp	oration Gro	oss Earni	ngs - Key #22 - <b>see b</b> e	elow		
Form T-74 - Rhode Island Bank	king Institution E	Excise - Ke	y #11 - <b>s</b>	ee below			
Automatic seven (7) month exte	ension for June	30 year er	nd filers o		RI D One (	icher and payn ivision of Taxa Capitol Hill - Su ence, RI 02908	tion uite 9
Part 2: Amount due with extension	on						
1 Estimated tax due for the current year							
Carry forward and estimated payments paid to date							
3 Balance due with extension request. Subtract line 2 from line 1					3		
4 Amount paid with extension request					4		
Payments can be made onli Under penalties of perjury, I declare that I have belief, it is true, accurate and complete Declaration Authorized officer signature	ve examined this re claration of prepare	turn and acco	mpanying	schedules and statements, a	and to the which pre	best of my knowle	dge and wledge
Paid preparer signature	Print name			Date	Telephone number		
Paid preparer address	rer address City, town or post office State			ZIP Code	PTIN		