## **EXTENSION REQUEST INSTRUCTIONS**

### **EXTENSION REQUEST:**

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

Automatic six (6) month extension for filers of Form RI-1120C (except for filers with a June 30 fiscal year end), Form RI-1120S or Form RI-1065 (LLC, LLP, LP, Partnership, SMLLC).

Automatic seven (7) month extension for June 30 year end filers of Form RI-1120C.

## 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 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 RHODE ISLAND DIVISION OF TAXATION  NAME  FEDERAL EMPLOYER IDENTIFICATION NUMBER  RI-70	DI 7004	For the Taxable Year Endin	ıg:	/	/	
		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.		AMOUNT ENCLOSED	\$			00

**RI-7004** 

### STATE OF RHODE ISLAND

AUTOMATIC 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 the Taxable Year Endin	g:	/	/		
ADDRESS	RI-7004	RI_7004	ESTIMATED TAX CURRENT YEAR	\$			0 0
CITY, STATE, ZIP CODE	141-700-	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	\$			00	