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 - ONE CAPITOL HILL - PROVIDENCE, RI 02908

16113299990101

YOUR COPY
DO NOT FILE THIS COPY WITH THE RHODE ISLAND DIVISION OF TAXATION

NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER

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.

RI-7004

For the Taxable Year Ending: ____/____/____

ESTIMATED TAX CURRENT YEAR	$	.00
AMOUNT PAID AND CREDITED TO DATE	$	.00
AMOUNT DUE WITH EXTENSION	$	.00
AMOUNT ENCLOSED	$	.00

RI-7004

STATE OF RHODE ISLAND
AUTOMATIC EXTENSION REQUEST FOR RI-1120C, RI-1120S and RI-1065 FILERS
DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908

16113299990101

NAME

ADDRESS

CITY, STATE, ZIP CODE

FEDERAL EMPLOYER IDENTIFICATION NUMBER

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.

RI-7004

For the Taxable Year Ending: ____/____/____

ESTIMATED TAX CURRENT YEAR	$	.00
AMOUNT PAID AND CREDITED TO DATE	$	.00
AMOUNT DUE WITH EXTENSION	$	.00
AMOUNT ENCLOSED	$	.00