

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.
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-CRS

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

YOUR COPY

DO NOT FILE THIS COPY
WITH R.I. DIV. OF TAXATION

NAME

RI-7004-CRS

TAXPAYER IDENTIFICATION #

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.

For Calendar Year _____
Or Taxable Year Beginning _____ And Ending _____

ESTIMATED TAX CURRENT YEAR	\$								0	0
AMOUNT PAID AND CREDITED TO DATE	\$								0	0
AMOUNT DUE WITH EXTENSION	\$								0	0

AMOUNT ENCLOSED	\$								0	0
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Signature of Officer or Agent.

Key #5

RI-7004-CRS

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

ADDRESS

CITY, STATE, ZIP CODE

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AMOUNT DUE WITH EXTENSION	\$								0	0

AMOUNT ENCLOSED	\$								0	0
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Signature of Officer or Agent.

Key #5