

VOUCHER INSTRUCTIONS

EXTENSION REQUEST VOUCHER:

To be used by a corporation for requesting an automatic six (6) month extension of time for filing a Rhode Island Corporation Tax Return RI-1120 or RI-1120A(S).

TO BE EFFECTIVE:

1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with the 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.

Extra Pen



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

DUE WITH RETURN

1120DWR

For Calendar Year _____ Or Taxable Year Beginning _____	And Ending _____	
ESTIMATED TAX CURRENT YEAR		00
AMOUNT PAID AND CREDITED TO DATE		00
AMOUNT DUE WITH RETURN		00
AMOUNT ENCLOSED		00

\$
Extra Pen

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.

Signature of Officer or Agent.



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**AUTOMATIC SIX MONTH
EXTENSION REQUEST**

7004

For Calendar Year _____ Or Taxable Year Beginning _____	And Ending _____	
ESTIMATED TAX CURRENT YEAR		00
AMOUNT PAID AND CREDITED TO DATE		00
AMOUNT DUE WITH EXTENSION		00
AMOUNT ENCLOSED		00

\$

TAXPAYER IDENTIFICATION #

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Signature of Officer or Agent.

VOUCHER INSTRUCTIONS

EXTENSION REQUEST VOUCHER:

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TO BE EFFECTIVE:

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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.

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Extra Pen



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

SECOND ESTIMATE

For Calendar Year _____ Or Taxable Year Beginning _____	And Ending _____	
ESTIMATED TAX CURRENT YEAR		00
AMOUNT PAID AND CREDITED TO DATE		00
AMOUNT DUE WITH RETURN		00
AMOUNT ENCLOSED		00

\$
Extra Pen

YOUR COPY

1120DWR

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

TAXPAYER IDENTIFICATION #

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Signature of Officer or Agent.



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**AUTOMATIC SIX MONTH
EXTENSION REQUEST**

For Calendar Year _____ Or Taxable Year Beginning _____	And Ending _____	
ESTIMATED TAX CURRENT YEAR		00
AMOUNT PAID AND CREDITED TO DATE		00
AMOUNT DUE WITH EXTENSION		00
AMOUNT ENCLOSED		00

\$

YOUR COPY

7004

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