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-1120 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.

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

AUTOMATIC SIX MONTH
EXTENSION REQUEST

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

7004

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

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	$	0 0
AMOUNT PAID AND CREDITED TO DATE	$	0 0
AMOUNT DUE WITH EXTENSION	$	0 0
AMOUNT ENCLOSED	$	0 0

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.