

**VOUCHER INSTRUCTIONS**

**EXTENSION REQUEST VOUCHER:**

To be used by a public service corporation for requesting an automatic six (6) month extension of time for filing a Rhode Island Public Service Corporation Gross Earnings Tax Return - Form T-72.

**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.

	<p><b>STATE OF RHODE ISLAND</b> DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814</p>	<p><b>PUBLIC SERVICE CORPORATION</b> AUTOMATIC SIX MONTH EXTENSION REQUEST</p>
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**YOUR COPY**

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

NAME

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.

**T72-  
EXT**

For Calendar Year Ending December 31, \_\_\_\_\_

ESTIMATED TAX CURRENT YEAR	\$	<input style="width:100%;" type="text"/>	0	0
AMOUNT PAID AND CREDITED TO DATE	\$	<input style="width:100%;" type="text"/>	0	0
AMOUNT DUE WITH EXTENSION	\$	<input style="width:100%;" type="text"/>	0	0

AMOUNT ENCLOSED	\$	<input style="width:100%;" type="text"/>	0	0
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NAME

ADDRESS

CITY, STATE, ZIP CODE

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AMOUNT ENCLOSED	\$	<input style="width:100%;" type="text"/>	0	0
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**Key #22**