EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:
To be used by a corporation, LLC or partnership for requesting an automatic six (6) month extension of time for filing Rhode Island Form RI-1120C, RI-1120S or RI-1065.

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 SIX MONTH EXTENSION REQUEST FOR RI-1120C, RI-1120S AND RI-1065 FILERS
DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

DRAFT 11/10/2014

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 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

Key #5

RI-7004

STATE OF RHODE ISLAND
AUTOMATIC SIX MONTH EXTENSION REQUEST FOR RI-1120C, RI-1120S AND RI-1065 FILERS
DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702

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 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

Key #5