7004

(Rev. December 2008)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

► File a separate application for each return.

► See separate instructions.

OMB No. 1545-0233

	Name			Identifying number	
Type or Print	Name :		60	and the state of t	
File by the due	Number, street, and room or suite no. (If P.O. box, see instructions.)				
File by the due date for the	e for the urn for which				
return for which					
an extension is requested. See	oly, town, state, and 211 bode in a foreign address, enter only, province or state, and bountry's practice for entering				
instructions.					
	structions before completing				
Part I	Automatic 5-Month Extension (Complete if F	iling Form 1065, 1041, or 8804		
1a Enter the	form code for the return that this a	application is f	or (see below)		
Application		Form	Application	Form	
Is For:		Code	Is For:	Code	
Form 1065		09	Form 1041 (estate)	04	
Form 8804		31	Form 1041 (trust)	05	
Part II	Automatic 6-Month Extension (Complete if F	iling Other Forms		
b Enter the	form code for the return that this a	application is f	or (see below)	<u> </u>	
Application		Form	Application	Form	
Is For:		Code	Is For:	Code	
Form 706-GS(E		01	Form 1120-PC	21	
Form 706-GS(T	Γ)	02	Form 1120-POL	22	
Form 1041-N		06	Form 1120-REIT	23	
Form 1041-QF	T	07	Form 1120-RIC	24	
Form 1042		08	Form 1120S	25	
Form 1065-B		10	Form 1120-SF	26	
Form 1066		11	Form 3520-A	27	
Form 1120		12	Form 8612	28	
Form 1120-C		34	Form 8613	29	
Form 1120-F		15	Form 8725	30	
Form 1120-FS0	<u>C</u>	16	Form 8831	32	
Form 1120-H		17	Form 8876	33	
Form 1120-L		18	Form 8924	35	
Form 1120-ND		19	Form 8928	36	
	(section 4951 taxes)	20			
check her	re		have an office or place of business in	▶ □	
			of a group that intends to file a consolic		
	check here				
	If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.				
	All Filers Must Complete This F	Part			
	·		lifi d D d. ti	5 -b - d - b	
4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . ▶ ☐ 5a The application is for calendar year 20, or tax year beginning					
h Chautt	vener If this toy year is loss there d	O months st	and the reason.		
	year. If this tax year is less than 1	_			
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed					
6 Tentative	total tax			6	
7 Total pay	7 Total payments and credits (see instructions)				
Electroni	c Federal Tax Payment System (I	EFTPS), a Fed	nust deposit this amount using the deral Tax Deposit (FTD) Coupon, or exceptions)	8	