Form **7004**

(Rev. December 2012)
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.

▶ Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

OMB No. 1545-0233

	veriue eervie	Name		Identifying number	
Duint					
Print	Number, street, and room or suite no. (If P.O. box, see instructions.)				
or					
Туре					
	City, town, state, and ZIP code (If a foreign adopostal code)).			, province or state, and country (follow the country's practice for ente	ring
		postal code)).			
			return for whi	ich the extension is granted. See instructions before comp	leting this form.
Part		tomatic 5-Month Extension			
		form code for the return that this ap			<u>, L</u>
Application			Form	Application	Form
Is For:			Code	Is For:	Code
Form 1065			09 31	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804				Form 1041 (trust)	05
Part I		tomatic 6-Month Extension			
b Enter the form code for the return that this application is for (see below)					· · <u>-</u>
Application			Form	Application Is For:	Form
Is For:	00.00/0		Code		Code
Form 706-GS(D)			01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)			02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)			03	Form 1120-POL	22
Form 1041-N			06	Form 1120-REIT	23
Form 1041-QFT			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 Form 8612	27
Form 1120 C			12	Form 8612	28
Form 1120-C Form 1120-F			34 15	Form 8725	30
			16	Form 8831	32
Form 1120-FSC Form 1120-H			17	Form 8876	33
Form 1120-L			18	Form 8924	35
	120-L 120-ND		19	Form 8928	36
rom i	120-ND		19	F01111 6926	30
2	If the or	ranization is a foreign corporation t	hat does not	t have an office or place of business in the United S	States
	check he				Diales,
				parent of a group that intends to file a consolidated	return
	check he		-		► □
	If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member				
		by this application.	ille, address,	and Employer Identification Number (EIN) for each in	erriber
Part III All Filers Must Complete This Part					
	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here .				
	The application is for calendar year 20 , or tax year beginning , 20 , and ending , 20				
					,
b Short tax year. If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach experience).					
					olanation)
	☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)				
6	6 Tentative total tax				
U	ı c ınalive				
7	Total no	yments and credits (see instructions)			
•	i Utai pa	ymente and credits (see instructions)			
8	Ralance	due. Subtract line 7 from line 6 (see	instructions)	8	
	<u> Jaiai ICE</u>	dad. Cabaact into / nont into 0 (See			201