

EX-7004

**APPLICATION FOR AUTOMATIC EXTENSION OF
TIME
TO FILE CORPORATE INCOME TAX RETURN**

State and Local Jurisdictions

Calendar or Fiscal Year
Beginning _____
Ending _____

PART I: IDENTIFICATION

NAME OF CORPORATION		EMPLOYER IDENTIFICATION NUMBER (EIN)
NUMBER, STREET, AND ROOM OR SUITE NUMBER		STATE OF INCORPORATION
CITY, TOWN, OR POST OFFICE	STATE / PROVINCE	ZIP / POSTAL CODE

PART II: EXTENSION REQUEST DETAILS

TAX RETURN TYPE (E.G., FORM 1120, 1120-S, 1065)	LENGTH OF EXTENSION REQUESTED (MONTHS)
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PART III: TAX LIABILITY AND PAYMENT INFORMATION

1	Tentative total tax liability for the tax year	
2	Total payments and allowable credits	
3	Balance due (Subtract line 2 from line 1)	
4	Amount paid herewith	

PART IV: SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and that to the best of my knowledge and belief, the statements made herein are true, correct, and complete.

_____ Signature of Officer or Agent	_____ Title	_____ Date
_____ Signature of Preparer (if other than taxpayer)	_____ Firm Name	_____ Date