

Form 7004 Scenario 5

FORMS REQUIRED: 7004

HEADER INFO:

Tax Period: 01/01/2017 – 12/31/2017

Return Type: 7004

Originator: **EFIN:** Self-select
Type: ERO
Practitioner PIN:
EFIN: Self-select
PIN: Self-select
PIN Entered by – ERO

Filer: **EIN:** 00-0000051
Name: John N. Smith Estate
Name Control: SMIT
Address: 47 Lemon Street
Somewhere, TX 78881

Tax Year: 2017

Binary Attachment Count: 0

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

OMB No. 1545-0233

► **File a separate application for each return.**

► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name John N. Smith Estate	Identifying number 00-0000051
Number, street, and room or suite no. (If P.O. box, see instructions.) 47 Lemon Street	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). Somewhere, TX 78881	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for 0 4

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 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 17, 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 explanation)

6 Tentative total tax	6	0	
7 Total payments and credits (see instructions)	7	0	
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0	