Form **7004**(Rev. December 2018) Department of the Treasury

Internal Revenue Service

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.

	Name Identifying			g number		
Print	Dougs Test Association	Dougs Test Association 52			2-1234567	
	Number, street, and room or suite no. (If P.O. box, see instructions.)					
or	PO Box 8					
Type	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).)					
	Vancouver, WA 98666					
Note:	File request for extension by the due date of the retu	ırn. See instru	ctions before completing this form.			
Part I	Automatic Extension for Certain B	usiness Inc	come Tax, Information, and Othe	r Retur	ns. See instructions.	
1	Enter the form code for the return listed below					
Application •		Form	Application		Form	
ls For:		Code	Is For:		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 (estate other than a bankruptcy estate)		04	Form 1120-REIT		23	
Form 1041 (trust)		05	Form 1120-RIC		24	
Form 1041-N		06	Form 1120S	25		
Form 1041-QFT		07	Form 1120-SF	26		
Form 1042		08	Form 3520-A	27		
Form 1065		09	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	
Form 1120-ND		19				
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						
	If the organization is a corporation and is the				***************************************	
	check here					
	If checked, attach a statement listing the name				•	
	covered by this application.	ne, address,	and employer identification number	(LIIV) 101	each member	
	* '.'	hin that aua	lifies under Regulations section 1 608	1-5 che	ck here	
5a	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.)					
L	Change in accounting period Cons	ondated rett	office filed Office (See filst)	uctions-	-attach explanation.)	
6	Tentative total tax			6	\$1,500	
7 Total payments and credits. See instructions				\$1,500		
8	balance due. Subtract line / from line 6. See	INSTRUCTIONS		8	\$0	