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State of Rhode Island Division of Taxation



Form RI-4768

16160499990101

Estate Tax Extension Application

APPLICATION FOR 6 MONTH EXTENSION OF TIME TO FILE

Decedent's first name MI Last name Suffix Decedent's social security number

Additional Extension Request Decedent's address - Legal residence (domicile) at time of death City, town or post office State ZIP code

The \$50 filing fee must accompany this extension. Do not remit again when form RI-706 is filed.

Date of death Estate tax return due date Executor: If you are out of the country and filing for additional time to file, enter the requested extension date in the box on the right Requested extension date

Executor/personal rep/admin's first name MI Last name Suffix Executor/personal rep/admin's SSN

Executor/personal rep/admin's address City, town or post office State ZIP code

Preparer's first name MI Last name Suffix Preparer telephone number

Preparer's firm name, if applicable

Preparer's address City, town or post office State ZIP code

Marital status of the decedent at time of death

Married Widow/widower Single Legally separated Divorced

Payment to Accompany Extension Request

Table with 3 rows: 1 Estimated gross estate, 2 Amount of Rhode Island estate taxes estimated to be due, 3 Amount enclosed with extension application.

Additional Extension Request

If you are an executor out of the country applying for an extension of time to file in excess of 6 months, check the box above and enter the requested extension date on line 3 of the header. Attach a statement explaining in detail why it is impossible or impractical to file Form RI-706 by the due date.

If filed by other than the executor (check the appropriate box):

- Checkboxes for: A member in good standing of the bar of the highest court of (specify jurisdiction), A certified public accountant duly qualified to practice in (specify jurisdiction), A licensed public accountant in (specify jurisdiction), A person actively enrolled to practice before the Internal Revenue Service, A duly authorized agent holding a power of attorney.

If filed by executor - Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct. Otherwise - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by an executor to file this application, and that I am filing this extension in the capacity stated above.

Executor's signature Date Telephone number

Preparer signature if filed by someone other than executor Date PTIN

May the Division of Taxation contact your preparer? YES

Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908

A DEATH CERTIFICATE MUST BE ATTACHED TO FORM RI-4768 WHEN REQUESTING AN EXTENSION.