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ц State of R	Phode Island Division of Taxation		<u> </u>
5 Form R	21-4768		
	T 1 1 1 1 1 1	161604999901	01 L
Estate la	ax Extension Application		
<u> </u>	APPLICATION FOR 6 MONTH I	EXTENSION OF TIME TO FILE	
4			
L Check below if:	ecedent's first name MI Last name	Suffix D	ecedent's social security number 10
11			
12 Form 100 D	ecedent's address - Legal residence (domicile) at time of dea	th City, town or post office	State ZIP code
13			
	eate of death Estate tax return due date	Executor: If you are out of the country and filing	g Requested extension date
ш ч		for additional time to file, enter the requested	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15 Form 100A		extension date in the box on the right	<u> </u>
16	xecutor/personal rep/admin's first name MI Last name	Suffix Ex	ecutor/personal rep/admin's S\$N 1 L
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20 Request P	ivii Lastiidiile	Culix	┝╵
The \$50 filing fee	propagation firm margo, if continuous		57
22 must accompany	reparer's firm name, if applicable		22
23 this extension. Do			23
24 when form RI-100 or	reparer's address	City, town or post office	State ZIP code 24
25 RI-100A is filed.			25
	Marital status of the decedent at time of death		57
	Married Widow/widower Single	Legally separated Divorce	1
		1 1 2 9 m	
☐ Payment to Acc	ompany Extension Request		28
29			29
30 1 Estimated gross 6	estate		
31			31
	Island estate taxes estimated to be due		32
33 Amount enclosed	with extension application		33.
34 11 11 11 11 11 11 11 11 11 11 11 11 11	with extension application		34
35			35
36 Additional Exter	nsion Reguest		36
	r cut of the country applying for an extension of	time to file in excess of 6 months, the	ck the hovehove and enter 37
	ion date on line 3 of the header Attach a statem		
39 Form RI-100 or RI-10		icht capianing in detail why it is impos	
3 1 10 mm (1-100 di 11-10	DOM by the due date.		
if filed by other	than the executor (check the appropriate	• pox):	40
4 4 4 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4			41
42 A member in go	ood standing of the bar of the highest court of (s	pecify jurisdiction)	42
43			<u> </u>
44 A certified public	c accountant duly qualified to practice in (specif	(jurisdiction)	<u> </u>
45			45
			46
Allcensed pur	plic accountant in (specify jurisdiction)		
71	+++++++++++++++++++++++++++++++++++++++		47
	ely enrolled to practice before the Internal	Revenue Service.	48
49			49
50 A duly authorize	ed agent holding a power of attorney. (Unless re	puested, the power of attorney does no	ot need to be submitted 50
51			51
52 If filed by executor - Up	der penalties of perjury, I declare that I am an executo	r of the estate of the above-named decoder	
knowledge and helief th	ne statements made herein and attached are true and	correct. Otherwise - Under penalties of pe	riury. I declare that to the hest of
my knowledge and helic	ef, the statements made herein and attached are true	and correct, that I am authorized by an exe	cutor to file this application, and
that I am filing this exter	nsion in the capacity stated above.		54
55 Executor's signature		Date	Telephone number 55
5b			56
57			
Freparer signature if fil	ed by someone other than executor	Date	PTIN
59			
60			├┤┤┤┤┤┤┤ ┡U
67	May the Division of Taxation cor	tact your preparer? YES	<u>├┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼</u>
62			
	Mail to Di Di distributa de la companya de la compa	Conitol Hill Drovidence Drogono	▎
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