State of Rhode Island Division of Taxation **Form RI-4768**

Estate Tax Extension Application

APPLICATION FOR 6 MONTH EXTENSION OF TIME TO FILE

	Decedent's first name		MI	Last name		Suffix	Decedent's	social see	curity number	
Additional	Decedent's address - Legal re	sidence (dom	icile) a	at time of death	City, town or post office			State	ZIP code	
Extension Request										
	Date of death	Estate tax re	eturn c	lue date	Executor: If you are out of the	~	0	uested ex	tension date	
The \$50 filing fee must accompany					for additional time to file, enter extension date in the box on th		ed			
this extension. Do not remit again when form RI-706 is	Executor/personal rep/admin's	s first name	MI	Last name		Suffix	Executor/per	sonal rep.	/admin's SSN	
filed.	Executor/personal rep/admin's	address			City, town or post office			State	ZIP code	
	Preparer's first name		MI	Last name		Suffix	Preparer te	elephone	number	
	Preparer's firm name, if applicable									
	Preparer's address				City, town or post offi	ce		State	ZIP code	
	Marital status of the decedent	at time of dea	ath							
	Married V	Vidow/widov	ver	Single	Legally separated	Divo	rced			
Payment to Accompany Extension Request										

1	Estimated gross estate	1	
2	2 Amount of Rhode Island estate taxes estimated to be due		
3	Amount enclosed with extension application	3	

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):

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. (Unless requested, the power of attorney does not need to be submitted.							
If filed by executor - Under penalties of perjury, I declare that I am an executor of the esta knowledge and belief, the statements made herein and attached are true and correct. Otl my knowledge and belief, the statements made herein and attached are true and correct, that I am filing this extension in the capacity stated above.	nerwise - Under penalties that I am authorized by a	s of perjury, I declare that to the best of an executor to file this application, and					
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.