

State of Rhode Island Division of Taxation  
**Form RI-4768**  
 Estate Tax Extension Application



16160499990101

**APPLICATION FOR 6 MONTH EXTENSION OF TIME TO FILE**

Additional Extension Request

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

Decedent's first name		MI	Last name		Suffix	Decedent's social security number	
Decedent's address - Legal residence (domicile) at time of death				City, town or post office		State	ZIP code
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							
<input type="checkbox"/> Married		<input type="checkbox"/> Widow/widower		<input type="checkbox"/> Single		<input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced	

**Payment to Accompany Extension Request**

1	Estimated gross estate .....	1	
2	Amount of Rhode Island estate taxes estimated to be due .....	2	
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 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.**