NOTE: Use this form to request more time to file the R.I. Form RI-1040 or RI-1040NR. Use this form only if you have already filed RI-4868. Explain the reason for the request for additional time on Line 3.

<table>
<thead>
<tr>
<th>Type or Print RETURN ADDRESS</th>
<th>Taxpayer’s Name(s)</th>
<th>Your Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td>c/o (Preparer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse’s Social Security #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. An additional extension of time until __________________________, 2002 is hereby requested in which to file Form RI-1040(______________________).

2. Have you previously requested an extension of time to file for this year on a RI-4868?
   ☐ Yes ☐ No (If no, do not submit this form)

3. Explain reason(s) why you need additional time: ____________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

SIGNATURE AND VERIFICATION

If Prepared by Taxpayer - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

Signature of Taxpayer ___________________________ Date ___________________________

Signature of Spouse ___________________________ Date ___________________________

If Prepared by Someone Other Than Taxpayer - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, and that I am authorized by the taxpayer(s) to prepare this application.

Signature of Preparer other than taxpayer ___________________________ Date ___________________________

Preparer’s Name ___________________________ Fed. ID# ___________________________
(Type or Print) For Preparer’s Address, Use RETURN ADDRESS section above

File original and one copy with the Division of Taxation, One Capitol Hill, Providence, RI 02908-5801. **DO NOT STAPLE OR CLIP COPY OF FORM 2688 TO ORIGINAL 2688.** The copy will be returned to you whether or not your application is approved. Please attach the approved copy to your return when you file with this office.

☐ We have approved your application.

☐ We have not approved your application.

☐ We have not approved your application, as the maximum extension of time allowed by law is six (6) months.

☐ Other

_____________________________ Signature