RI-2688  APPLICATION FOR ADDITIONAL EXTENSION OF TIME TO FILE
RHODE ISLAND INDIVIDUAL INCOME TAX RETURN

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.

Use preparer's return address, if desired.

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

1. An additional extension of time until ___________ is hereby requested
   in which to file Form RI-1040(   ) for the calendar year 2000, or fiscal year beginning ___________ 2000 and ending ___________ 2001.

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 knowl-
edge 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 (Type or Print) __________________________ Fed. ID# __________________________

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