

RI-2688 Application For Additional Extension of Time To File Rhode Island Individual Income Tax Return

2004

Please
print or type

Please
enter return
address
below

First Name	Last Name	Your Social Security Number
Spouse's First Name	Last Name	Spouse's Social Security Number
Present Home Address (number and street, including apartment no. or rural route)		
City, Town or Post Office	State	Zip Code

Part 1 Explanation

NOTE: Use this form to request more time to file RI-1040 or RI-1040NR. Use this form only if you have already filed RI-4868. If you have not already filed RI-4868, you cannot request an additional extension. Explain the reason for the request for additional time on line 3.

1. An additional extension of time until **October 15, 2005** is hereby requested in which to file form RI-1040 or RI-1040NR.
2. Have you previously requested an extension of time to file for 2004 on RI-4868? Yes No (if no, do not submit this form)
3. Explain reason(s) why you need additional time : ➔ _____

Part 2 Signature and Verification

If prepared by the 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 the taxpayer - Under penalties of perjury, I declare 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 ➔ _____ Date ➔ _____

Preparer's Name ➔ _____ FIN / PTIN ➔ _____
(print or type)

File ORIGINAL and ONE COPY with: **The Rhode Island Division of Taxation**
One Capitol Hill
Providence, RI 02908-5806

DO NOT STAPLE OR CLIP COPY OF FORM RI-2688 TO ORIGINAL RI-2688. The copy, approved or denied, will be returned to you only if you have provided a duplicate copy. Please attach the approved copy to your return when you file with this office.

Part 3 Notice to Applicant

THIS PART WILL BE COMPLETED BY THE STATE OF RI. DO NOT WRITE IN THIS PART.

- 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: _____

Division of Taxation Signature _____

Part 4 Return Address

Please enter the name and address where you would like this form returned

Taxpayer's Name or Preparer's Name (if applicable)
Address (number and street, including apartment no. or rural route)
City, State and Zip Code