

APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE RHODE ISLAND INDIVIDUAL INCOME TAX RETURN

1. Name(s)		
Address		
City	State	Zip
2. Your Social Security Number		
Spouse's Social Security Number, if joint payment		

RI-4868

Enter tentative tax computation

- A. Tentative RI income tax _____
- B. Total tax withheld, payments & credits _____
- C. Balance Due (line A less line B) _____

3. ENTER AMOUNT ENCLOSED

\$ _____ .00

CREDIT CARD PAYMENT

OFFICIAL PAYMENTS CORP.



Cards



Contact the service provider listed on this page and follow their instructions. Enter on page 1 of Form RI-1040, RI-1040NR or RI-1040S in the upper left corner the confirmation number you were given at the end of the transaction and the amount of your tax payment (not including the convenience fee). See tax return instructions for more details.

Telephone: 1-800-2PAY-TAX (1-800-272-9829)
Internet: www.officialpayments.com

ONLINE PAYMENT

Extension payments and voucher payments can be made online. For more information, visit:
<https://www.ri.gov/taxation/business/index.php>

INSTRUCTIONS

For additional instructions on either RI-4868 or RI-1040V, see pages I-1 and I-2 of this booklet.

HOW TO PREPARE YOUR PAYMENT

- Box 1. Enter your name(s) and address as shown on your return.
- Box 2. Enter your social security number and your spouse's social security number in the boxes provided.
- Box 3. Enter the amount of the payment you are making.

Make your check or money order payable to the "RI Division of Taxation." **DO NOT** send cash. Make sure your name and address appear on your check or money order. Write your daytime phone number and social security number on your check or money order. If you are filing a joint return, enter the social security shown first on your return. **DO NOT** staple or otherwise attach your payment to the voucher. Instead, just put them loose in the envelope.

Mail your return and payment to:

The Rhode Island Division of Taxation
One Capitol Hill
Providence, RI 02908-5806

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

1. Name(s)		
Address		
City	State	Zip
2. Your Social Security Number		
Spouse's Social Security Number, if joint payment		

RI-1040V

3. ENTER AMOUNT ENCLOSED

\$ _____ .00