

DETACH HERE

Form M-4768 Massachusetts Estate Tax Extension of Time Request & Payment Voucher



Date of death (mm/dd/yyyy)	Tax type 048	Voucher type 18	ID type 005	Vendor code 0001
Name of decedent	Decedent's Social Security number			
Name of personal representative	Type of extension request being applied for a. <input type="checkbox"/> Time to file due to reasonable cause b. <input type="checkbox"/> Time to pay due to undue hardship			
Mailing address				
City/Town	State	Zip	Amount enclosed \$	
Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief any request on this form is true, correct and complete.				
Signature of personal representative	Signature of paid preparer		Date	
Employer Identification number of paid preparer		Social Security number or PTIN of paid preparer		

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.
Mail to: **Massachusetts Department of Revenue, PO Box 7023, Boston, MA 02204.**

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