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If you have any comments on this draft, you can submit them to us on our IRS.gov page titled <u>Comment on Forms and Publications</u>, where you may make comments anonymously if you wish. You can also email us at <u>taxforms@irs.gov</u>. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

Form **4768**

(Rev. August 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File a Return and/or Pay U.S. Estate (and Generation-Skipping Transfer) Taxes

OMB No. 1545-0181

Part	Identification		·		
Decede	nt's first name and middle initial	Decedent's last name	Date of death		
Name o	f executor	Name of application filer (if other than the executor)	Decedent's social security number		
Address	s of executor (Nun	nber, street, and room or suite no.)	Estate tax return due date		
City, sta	ate, and ZIP code	Domicile of decedent (county, state, and ZIP code)	Daytime telephone number		
Part	II Extension of Time To File For	m 706, 706-A, 706-D, 706-NA, or 706-QDT (Section 6081)		
Automatic Extension					
If you are applying for an automatic 6-month extension of time to file:					
• F	Form 706, check here				
• F	orm 706-A, 706-D, 706-NA, or 706-QDT, in	ndicate the form by checking the appropriate box below	w.		
	Form 706-A	☐ Form 706-NA ☐ Form 706-QDT			
		Additional Extension			
If you a	are an executor out of the country applying	for an extension of time to file in excess of 6 months,			
Also y	ou must attach a statement explaining in	detail why it is impossible or impractical to file Form	n Enter extension date requested		
706 by	the due date. See instructions.				
Part	Extension of Time To Pay (Se	ection 6161)			
You m	nust attach your written statement to exp	olain in detail why it is impossible or impractical to	Enter extension date requested (Not more than 12 months)		
pay the	e full amount of the estate (or GST) tax by	the return due date. If the taxes cannot be determined	d (Not more than 12 months)		
becaus	se the size of the gross estate is unascert	tainable, check here ► ☐ and enter "-0-" or othe	er		
approp	oriate amount on Part IV, line 3. You must a	ttach an explanation.			
• If this	s request is for the tax that will be or was du	ue with the filing of Form 706, check here			
• If this	s request is for the tax that will be due as a	result of an amended or supplemental Form 706, ched	ck here ▶ □		
• If this	s request is for additional tax due as a resul	t of an examination of your Form 706, check here .	▶ □		
• If this	s request is for a section 6166 installment p	ayment, check here	▶ □		
Part	V Payment To Accompany External	ension Request			
1	Amount of estate and GST taxes estimate	d to be due	. 1		
2	Amount of cash shortage (complete Part II	II)	. 2		
3		see instructions)	. 3		
		Signature and Verification			
		declare that I am an executor of the estate of the abonents made herein and attached are true and correct.	ve-named decedent and that		
	Executor's signature	Title	Date		
If filed	by someone other than the executor-	Under penalties of perjury, I declare that to the best o	f my knowledge and belief, the		
	nents made herein and attached are true are box(es) that apply(ies)):	nd correct, that I am authorized by an executor to file	this application, and that I am		
	A member in good standing of the bar of the	e highest court of (specify jurisdiction) ▶			
☐ A certified public accountant duly qualified to practice in (specify jurisdiction) ▶					
A person enrolled to practice before the Internal Revenue Service.					
A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)					
			. ,		
	Filer's signature (other than	n the executor)	Date		
		· · · · · · · · · · · · · · · · · · ·	4200		

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Decedent's first name and middle initial	Decedent's last name	Decedent's social security number
	be completed by the Internal Revenu	ie Service
Note. If applying for an extension of time to pay, file the		
The application for extension of time Approved	to pay (Part III) is:	
Not approved because (see instr	uctions for your appeal rights)	SOF
	10110	
AUGU	ISL IU	
		<i></i>
Other		
LU		
nternal Revenue Service official	Address	Date
lame (print)		
itle (print)		
signature:		

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