

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
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Name of decedent	Decedent's Social Security number
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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
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Mailing address

City/Town	State	Zip	Amount enclosed \$
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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
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Employer Identification number of paid preparer	Social Security number or PTIN of paid preparer
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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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