



**2004 Form M-4868** XXXXXXXXXXXXX

Application for Automatic Six-Month Extension of Time to File Massachusetts Income Tax

For the year January 1–December 31, 2004 or other taxable

Year beginning XXXXXXXX Ending XXXXXXXX

Type of return filed: Form 1 X Form 1-NR/PY X Telefile X

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO  
SPOUSESFIRSTNAME I LASTNAMEXXXXXXXXXXXXX SOCIALSECNO  
STREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX  
COSTREETADDRESSXXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

**Part 1. Application for Extension**

1. Total tax you expect to owe for 2004	1	XXXXXXXXXXXXX
2. Massachusetts income tax withheld	2	XXXXXXXXXXXXX
3. 2003 overpayment applied to your 2004 estimated tax	3	XXXXXXXXXXXXX
4. 2004 Massachusetts estimated tax payments	4	XXXXXXXXXXXXX
5. Credits	5	XXXXXXXXXXXXX
6. Total. Add lines 2 through 5	6	XXXXXXXXXXXXX
7. <b>Tax due.</b> Subtract line 6 from line 1. Pay in full with this application	▶ 7	XXXXXXXXXXXXX

**Part 2. Complete if prepared by someone other than taxpayer**

If prepared by someone other than taxpayer, this application must be submitted on paper.

I am authorized to prepare this application and I am (select one):

- a member in good standing of the bar of the highest court of XX
- a certified public accountant, or public accountant, duly qualified to practice XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- a person enrolled to practice before the Internal Revenue Service XX
- a duly authorized agent holding a power of attorney with respect to filing an extension of time  
XXX
- a person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause; my relationship to the taxpayer and the reasons why the taxpayer is unable to sign this application are  
XXX

**Write your Social Security number(s) on lower left corner of check. Make payable to Commonwealth of Massachusetts and mail to Massachusetts Department of Revenue, PO Box 7070, Boston, MA 02204.**

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature	Date	Your daytime phone	Paid preparer's signature	Paid preparer's SSN or PTIN
	XXXXXXXXXX	XXXXXXXXXXXXX		▶ XXXXXXXXXXXXX
Spouse's signature (if filing jointly)	Date	Spouse's daytime phone	Paid preparer's EIN	Date
	XXXXXXXXXX	XXXXXXXXXXXXX	▶ XXXXXXXXXXXXX	XXXXXXXXXX

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST