Form **4868**

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0188

Department of the Treasury Internal Revenue Service

▶ This is not an extension of time to pay your tax.▶ See separate instructions.

		Your first name and initial	Last name		Your social security number			
Please Type or Print		If a joint return, spouse's first name and initial Last name			Spouse's social security number			
					Spouse's social security number			
		Home address (number, street, and apt. no. or rural route). If you have a P.O. box, see the instructions.						
		City, town or post office, state, and ZIP	code					
		in automatic 4-month extension ear 1993 or to		15, 1994, to file Form 1040l , for the fiscal tax year endin		10A, or Fo	orm 1040 i	for the
Par	rt I	Individual Income Tax—Yo	u must complete	this part.				
1		tax liability for 1993. This is the 1040A, line 27; or Form 1040, li				1		
	this a	on: You MUST enter an amount of mount, but be as exact as you ca ate was not reasonable, the exte	an with the informat	tion you have. If we later find				
2		payments for 1993. This is the a A, line 28d; or Form 1040, line 60		to enter on Form 1040EZ, lin	e 7; Form	2		
3		NCE DUE. Subtract line 2 from w to pay, including what to write				3		
Par	t II	Gift or Generation-Skippin	g Transfer (GST)	Tax—Complete this part	if you expe	ct to owe	e either ta	ìX.
Cau	tion: [Oo not include income tax on line	es 5a and 5b. See th	he instructions.				
4		or your spouse plan to file a gift ally due by April 15, 1994, see t						
5a	Enter	the amount of gift or GST tax ye	ou are paying with t	this form		5a		
b	Enter	the amount of gift or GST tax ye	our spouse is payir	ng with this form		5b		
			Signature a	nd Verification				
		es of perjury, I declare that I have examin ect, and complete; and, if prepared by so				best of my k	nowledge an	d belief,
				\				
	Your s	gnature	Date	Spouse's signature, if filing	jointly		Date	
	Preparer's signature (other than taxpayer)						Date	
		t correspondence regarding this extension to be sent to you at an address other than that shown above or to an agent you, please enter the name of the agent and/or the address where it should be sent.						
DI	2000	Name						
Please Type or		Number and street (include suite, room,	, or apt. no.) or P.O. box	number if mail is not delivered to st	reet address			
	rint	City, town or post office, state, and ZIP	code					