

|  |  |   |  |                        |                                |  |
|--|--|---|--|------------------------|--------------------------------|--|
| <b>Form</b><br><span style="font-size: 2em; font-weight: bold;">•IT-1</span><br>(120)  | <b>OREGON</b><br><b>INHERITANCE</b><br><b>TAX RETURN</b> |   | For deaths that<br>occurred in<br><span style="font-size: 3em; font-weight: bold;">1999</span> |                        | For office use only            |  |
|  |  |   |  |                        | Date received                  |  |
|  |  |   |  |                        | Payment                        |  |
|  |  |   |  |                        | Business identification number |  |
| This return must be filed and tax paid within 9 months of the date of death  |  |   |  |                        |                                |  |
| Last name of decedent  |  | First name and initial of decedent              |  | Social Security number |                                |  |
| Mailing address  |  |   | City   | State                  | ZIP Code                       |  |
| Date of death  |  | Place of death — city, county, state or country |  |                        |                                |  |
| Is the estate being probated in Oregon? <input type="checkbox"/> No <input type="checkbox"/> Yes • If yes, _____ Oregon county _____ Oregon probate number |  |   |  |                        |                                |  |
| <input type="checkbox"/> An extension is attached <input type="checkbox"/> This is an amended return   |  |   |  |                        |                                |  |
| PLEASE ATTACH A COPY OF THE FEDERAL ESTATE TAX RETURN, FORM 706  |  |   |  |                        |                                |  |

**TAX COMPUTATION**

|  |                    |   |
|--|--------------------|---|
| 1. Total state death tax credit allowable for federal estate tax purposes (from federal Form 706).....   | 1                  |   |
| 2. <b>Proration of federal estate tax state death tax credit</b> (complete only if there is property located in states other than Oregon)                        |                    |   |
| a. Gross value, for federal estate tax purposes, of property located in Oregon (identify on attached copy of federal estate tax return by highlighting it) ..... | 2a                 |   |
| b. Gross value of decedent's estate for federal estate tax purposes (from federal Form 706) .....  | 2b                 |   |
| c. Percent of estate located in Oregon (line 2a divided by line 2b) .....  | 2c                 | % |
| 3. Tax payable to Oregon (line 1 multiplied by line 2c, or amount from line 1 if no entry on line 2c) .....  | 3                  |   |
| 4. Amount paid by the due date of return (see instructions on back) .....  | 4                  |   |
| 5. <b>Tax due</b> (line 3 minus line 4) .....  | <b>TAX DUE</b>     |   |
| 6. <b>Overpayment.</b> Is line 4 more than line 3? If so, line 4 minus line 3 .....  | <b>OVERPAYMENT</b> |   |
| 7. Penalty due (see instructions on back) .....  | 7                  |   |
| 8. Interest due (see instructions on back) .....   | 8                  |   |
| 9. <b>Total due</b> (add lines 5, 7 and 8) .....   | <b>TOTAL DUE</b>   |   |
| 10. <b>Refund</b> (line 6 minus lines 7 and 8) .....   | <b>REFUND</b>      |   |

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than signer, this declaration is based on all information of which the preparer has any knowledge.

• Signature of: (check appropriate box)  Personal Representative  Trustee  Other

Attach payment here

  X    
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of person signing above (please print or type) \_\_\_\_\_ Telephone number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

By my signature above, I hereby authorize the following individual(s) to represent me in the administration of the estate and to receive confidential tax information relating to the decedent and the estate.

Name (please print or type) \_\_\_\_\_ Title \_\_\_\_\_ Telephone number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## GENERAL INSTRUCTIONS

**Filing requirements.** An Oregon Inheritance Tax return must be filed for decedents whose death occurred on or after **January 1, 1987**, and for which a federal estate tax return (federal Form 706) is required to be filed.

For **probate** estates, the personal representative appointed or approved by the court has the duty to file the return. For **nonprobate** estates, the custodian or any person having actual or constructive possession of the property of the decedent is responsible for filing the return.

**Social Security number.** The request for a Social Security number is authorized by Section 405, Title 42, of the United States Code. You must give us this information. It will be used to establish the decedent's identity.

**Due date and extensions.** The return must be filed within 9 months after the date of death. Extensions to file an estate tax return or to pay estate tax, granted by the Internal Revenue Service for filing the federal estate tax return will be accepted for Oregon. If an extension of time to pay is granted, the tax must be secured by bond, deposit, or good collateral acceptable to the department. An extension to file does not extend the time to pay. Interest accrues during the extension period.

**Attach** a copy of the federal extension(s) to your Oregon return and mark the extension box.

### Penalty—

**Late filing.** A late filing penalty of 5 percent of the tax is imposed if the return is not filed by the due date, including any extension. If the return is filed more than 3 months after the original or extended due date, there is an additional 20 percent penalty.

**Late payment.** A delinquency penalty of 5 percent of the tax is imposed if the tax is not paid within 9 months from the date of death **or** by the extended payment date. An extension of time to file does not extend the time to pay. Deferral of payment may be pursuant to an extension under ORS 118.225, or a timely election made under ORS 118.300.

**Interest.** If the tax is not paid within 9 months of the date of death, interest will be charged on the unpaid tax. For periods beginning January 1, 1999, the interest rate is 9 percent annually, or .75 percent per month (.0247 percent per day). The prior interest rate was 10 percent annually, or .8333 percent per month (.0274 percent per day). The interest rate may change once a calendar year.

**Gross value of property located in Oregon (proportion of the federal estate tax state death tax credit).** If the estate has property located in states other than Oregon, lines 2a, 2b, and 2c must be completed.

On line 2a, the gross value for federal estate tax purposes of property located in Oregon must be entered. Attach a copy of the federal estate tax return, Form 706, to the Oregon Inheritance Tax return. Identify Oregon property on the federal estate tax return by highlighting it. Property taxable for Oregon purposes depends on whether the decedent was a resident or nonresident.

**Resident decedent.** For a resident decedent, property taxable by Oregon includes real property and tangible personal property located in Oregon, and intangible personal property wherever located.

**Nonresident decedent.** For a nonresident decedent, property taxable by Oregon includes real property and tangible and intangible personal property located in Oregon. An exemption is allowed for intangible personal property located in Oregon if a like exemption is allowed by the state of residence.

**Amended returns.** Did you amend the federal estate tax return, or was an adjustment made which results in a change in the amount of tax? If yes, it is the duty of the personal representative or other responsible person to file an amended Oregon return, or notify the Oregon Department of Revenue of the change in writing within 90 days.

### Assistance

Phone: Salem ..... **503-378-4988**

Toll-free within Oregon ..... **1-800-356-4222**

Write to: Fiduciary Audit, Business Division, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910.

Internet ..... **www.dor.state.or.us**

**TTY** (hearing or speech impaired only): **These numbers are answered by machine only and are not for voice use.** The toll-free number within Oregon is 1-800-886-7204. In Salem, the number is 503-945-8617.

**¿Habla español? Línea de mensaje.** Las personas que necesitan asistencia en español pueden dejar un mensaje. El número disponible todo el año en Salem es 503-945-8618.

A message line is available all year for those who need assistance in Spanish. The number in Salem is 503-945-8618.

**Americans with Disabilities Act (ADA).** In compliance with the ADA this information is available in alternative formats upon request by calling 503-378-4988.