

Generation-Skipping Transfer Tax Return For Terminations

For calendar year

Part I General Information

1a Name of trust	1b Trust's employer identification number (see instructions) : : : :
2a Name of trustee	
2b Trustee's address (number and street or P.O. box; apt. or suite no.; city, town or post office; state and ZIP code)	

Part II Trust Information (see page 3 of the instructions)

	Yes	No	Sch. A number(s)
3 Has any exemption been allocated to this trust by reason of the deemed allocation rules of section 2632? If "Yes," describe the allocation on the line 7, Schedule A attachment showing how the inclusion ratio was calculated			
4 Has property been contributed to this trust since the last Form 706-GS(T) or 706-GS(D-1) was filed? If "Yes," attach a schedule showing how the inclusion ratio was calculated			
5 Have any terminations occurred that are not reported on this return because of the exceptions in section 2611(b)(1) or (2) relating to medical and educational exclusions and prior payment of Generation-Skipping Transfer (GST) tax? If "Yes," attach a statement describing the termination			
6 Have any contributions been made to this trust that were not included in calculating the trust's inclusion ratio? If "Yes," attach a statement explaining why the contribution was not included			
7 Has the special QTIP election in section 2652(a)(3) been made for this trust?			
8 If this is not an explicit trust (see page 1 of the instructions under <i>Who Must File</i>), check here and attach a statement describing the trust arrangement that makes its effect substantially similar to an explicit trust <input type="checkbox"/>			

Part III Tax Computation

9a Summary of attached Schedules A (see instructions for line 9b on page 6)		GST tax (from Sch. A, line 10)
Schedule A No.		
1	. . . . .	9a1
2	. . . . .	9a2
3	. . . . .	9a3
4	. . . . .	9a4
5	. . . . .	9a5
6	. . . . .	9a6
9b	Total from all additional Schedules A attached to this form <input type="checkbox"/>	9b
10	Total GST tax (add lines 9a1 through 9b)	10
11	Payment, if any, made with Form 7004	11
12	Tax due. If line 10 is larger than line 11, enter the amount owed	12
13	Overpayment. If line 11 is larger than line 10, enter amount to be refunded	13

Sign Here	Under penalties of perjury, 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. Declaration of preparer other than fiduciary is based on all information of which preparer has any knowledge.			
<input type="checkbox"/>	Signature of fiduciary or officer representing fiduciary	Date		
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code <input type="checkbox"/>	EIN	Phone no. ()	

Name of trust	EIN of trust
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Schedule A No. _____ **Note.** Make copies of this schedule before completing it if you will need more than one Schedule A.

Schedule A—Taxable Terminations

(See page 4 of the instructions before completing this schedule.)

1	a Name of skip persons	b SSN or EIN of skip person	c Item no. from line 4 below in which interest held

2 Describe the terminating power or interest. If you need more space, attach an additional sheet.

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3 If you elect alternate valuation, check here (see page 4 of the instructions)

4 Describe each taxable termination below (see page 4 of the instructions)

a Item no.	b Description of property subject to termination	c Date of termination	d Valuation date	e Value
1				

Total			4	
5	Total deductions applicable to this Schedule A (from attached Schedule B, line 5)		5	
6	Taxable amount (subtract line 5 from line 4)		6	
7	Inclusion ratio (attach separate schedule showing computation)		7	
8	Maximum federal estate tax rate (see Table on page 6 of the instructions).		8	%
9	Applicable rate (multiply line 7 by line 8)		9	
10	GST tax (multiply line 6 by line 9) (enter here and on page 1, Part III, line 9)		10	

