

RHODE ISLAND ESTATE TAX RETURN

For Tax Division
Use Only

Date of death on or after October 1, 1980

Receiving Stamp

File with the TAX ADMINISTRATOR

ONE CAPITOL HILL, PROV., R.I. 02908-5802

Due Nine Months After the Death of Decedent

File No.

Sec. 1	\$	_____
Sec. 13	\$	_____
Total Tax	\$	_____
Interest	\$	_____
Penalty	\$	_____
Total	\$	_____

Decedent's first name and middle initial	Decedent's last name	Date of death
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Decedent's address at date of death	Decedent's Social Security No.
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Decedent's executor(s), administrator(s) or person(s) in possession of property	
Name	Address (Number and street, city, State and ZIP code)

NOTE: Please attach the necessary supplemental documents including copy of death certificate and if decedent died testate check here and attach a copy of the will.

Name and location of court where will was probated or estate administered	Case number
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1. Total full and fair cash value of real property (Schedule A)	1
2. Total full and fair cash value of tangible personal property (Schedule B)	2
3. Total full and fair cash value of intangible personal property (Schedule C)	3
4. Gross estate (Total of lines 1, 2, & 3)	4
5. Less: Deductions (Schedule D)	5
6. Net Estate (Line 4 less line 5)	6
7. Estate tax exemption (\$25,000.00)	7
8. Marital deduction (Not to exceed \$175,000.00)	8
9. Orphans exclusion	9
10. Net taxable estate (Deduct lines 7, 8, & 9 from line 6)	10
11. Estate tax (Tax on line 10 from table) (refer to schedule II, pg 4, after 1/1/86) <u>11A</u>	11
12. Federal credit (Table C federal form 706) enter here if greater than line 11	12
13. Total tax (Line 11A or 12 whichever is greater)	13
14. Interest	14
15. Penalty (.5% per month to a maximum of 25%)	15
16. Total due (Total of lines 13, 14, & 15)	16

**A FILING FEE OF \$25 MUST
ACCOMPANY ALL RETURNS FILED
ON OR AFTER 7/1/93**

Beneficiaries (Name & Address of all parties receiving any interest in estate)

NAME	ADDRESS	INTEREST	RELATIONSHIP

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 deceased's personal representative or person in possession of property is based on all information of which preparer has any knowledge.

Signature of deceased's personal representative or person in possession of property _____ Date _____

Signature of preparer other than deceased's personal representative, etc. _____ Name and address (and ZIP code) of Preparer (type or print) _____ Date _____
Telephone Number _____

SCHEDULE A

REAL PROPERTY located in the State, with liens and encumbrances upon each parcel at death of decedent.
(Including jointly owned property.)

Following must be given: — (1) Location by City or Town. (2) Assessors Plat and Lot No. (in Towns where no Assessors Plat and Lot numbers are used give Tax Book Description). (3) Names under which property was taxed at date of decedent's death.	Assessed values, year of decedent's death	Full and fair cash values	Amount of encumbrance outstanding at date of death
	\$	\$	\$
Total Real Estate:	\$	\$	\$

SCHEDULE B

TANGIBLE PERSONAL PROPERTY not having an actual situs outside this State.
(Including jointly owned property.)

Fixtures, tools, machinery, live stock, farming tools, goods, wares, merchandise, household furniture, works of art, paintings, bric-a-brac, jewelry, automobiles, boats, tangible partnership assets, etc.

Also include all property held by the decedent jointly with others.

(If no tangible personal property, so indicate.)

	Full and fair cash values
	\$
Total Tangible:	\$

SCHEDULE C

**ALL INTANGIBLE PERSONAL PROPERTY
INCLUDE JOINTLY OWNED PROPERTY INDICATING NAMES OF JOINT TENANTS.**

Include life insurance proceeds, annuities and supplemental contracts.

Includes bonds, stocks, debentures, notes, mortgages, book, accounts, monies on hand or on deposit, choses in action debts, due from others, trade marks, patents, and all in corporeal property, and in case of a going business or partnership, the good will value thereof.

Also include all property held jointly with others or property in which the decedent has an interest such as money on deposit, certificates, of stock, etc.

(If no intangible personal property so indicate.)

	Full and fair cash values
	\$
Total Intangible:	\$

SCHEDULE D

Detailed statement of claims and charges against estate.

If any claims are secured by collateral, state what property has been pledged.

DEBT OR CLAIM OF (Name of Creditor)	NATURE OF SAME	AMOUNT
	Funeral Expenses	\$
	Charges of administration	
	Allowance for support of widow and ... family (As allowed by Probate Court)	
	Counsel fees	
	Executor's or Administrator's fees	
Attach supplemental schedule	Total of enumerated other debts of the decedent against assets listed as of the date of death	
	Total Deductions:	\$

*Local taxes and special assessments are not to be included as debts or as expenses of administration unless they were assessed as of December 31st prior to the date of death of the decedent. When taxes or assessments are included under this Schedule give the year for which they were assessed.

TAX RATE SCHEDULE

SCHEDULE I.

If Net Taxable Estate is: From:	To:	Tax	+	Estate Tax is: %	On Excess Over:
\$ 0	\$ 25,000	\$ 0		2%	\$ 0
25,000	50,000	500		3%	25,000
50,000	100,000	1250		4%	50,000
100,000	250,000	3250		5%	100,000
250,000	500,000	10750		6%	250,000
500,000	750,000	25750		7%	500,000
750,000	1,000,000	43250		8%	750,000
1,000,000 (Or Over)		63250		9%	1,000,000

SCHEDULE II.

For a date of death:	Multiply line 11 by:	and enter result on line 11a
1-1-86 to 12-31-86	.90	
1-1-87 to 12-31-87	.80	
1-1-88 to 12-31-88	.60	
1-1-89 to 12-31-89	.40	
1-1-90 to 6-29-90	.20	
6-30-90 to 12-31-91	.40	

On or after 1-1-92 tax will be equal to the amount of federal credit for state death taxes (from 706)

(Each question must be answered in detail and if the answer is "no" so state.)

1. Did the decedent, within two years immediately preceding his death, make any transfer of a material part of his property without an adequate and full consideration in money or money's worth? (If the answer is "yes," submit a schedule giving details.)
2. Did the decedent, at any time during his lifetime, make any transfer other than by bona fide sale for an adequate and full consideration in money or money's worth? (If the answer is "yes," submit a schedule giving details.)
3. Was there in existence at death a trust created by the decedent during his lifetime? (If the answer is "yes," submit a copy with this return.)
4. Did the decedent at the time of death or during lifetime possess a power of appointment, general or limited? (If the answer is "yes," submit a statement giving details.)
5. Was the decedent the owner of any property which stood in the name of any other person and which was not included in the return of this estate? (If the answer is "yes," submit a schedule giving details.)
6. Was the decedent the owner of an annuity or life insurance contract, the proceeds of which, at his death passed to a trustee, the executor or administrator of his estate, or to any beneficiary? (If the answer is "yes," give particulars under Schedule C or on schedule attached indicating nature of contract. Also, indicate all insurance of which the deceased was the insured but not the owner, giving particulars.)
7. Did the decedent, at the time of death, own jointly with any person or persons, stocks, bonds, bank accounts, real estate or any other property which passed to the survivor upon the death of this decedent and is not included in the return of the estate? (If the answer is "yes," submit schedule giving details.)
8. Have you any reason to believe there is any other property belonging to this estate which has not been uncovered or disclosed and which does not appear in the above return, or that the value of said estate may be increased before final distribution by reason of any accruals or accumulations other than rentals, interest or income from property herein listed? (If the answer is "yes," submit schedule giving details.)

INSTRUCTIONS

RHODE ISLAND ESTATE TAX RETURN
FORM RI-706

PAYMENT OF TAX IS DUE NINE (9) MONTHS AFTER DATE OF DEATH

LINE 7.....An Estate exemption of \$25,000 is available to each estate.

LINE 8.....A marital deduction as defined in section 2056 of the Internal Revenue Code is available to a maximum of \$175,000.

LINE 11; 11A

Tables are provided on back of form RI-706

LINE 12.....Applies only if there is a Federal Estate Tax filing requirement (\$600,000+)

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SCHEDULE A....

List all real estate in which the decedent had an interest. This would include life estates; jointly held; or sole ownership. The full and fair cash value is MARKET VALUE AS OF THE DATE OF DEATH.

SCHEDULE B....

Include all furniture and fixtures at a value which would be realized at sale. Also includes all vehicles owned by the decedent at a value established by the NADA (blue book) as of the date of death.

SCHEDULE C....

A COMPLETE listing of all intangible personal property (bonds; stock; money market accounts; cash etc) whether held only by the decedent or jointly with another.

SCHEDULE D...

Unpaid debts of the decedent due on or before the date of death or debts created as the result of the death (funeral expenses, probate fees, expenses of last illness)