AMENDED RETURN	П
/ INICIADED INCIDING	_

DATE OF DEATH	COUNTY OF TN PROBATE	DECEDEN	IT'S SOCIAL SEC	CURITY NUMBER	
NAME OF DECEDENT Last:	First:	MI:		ld be used for estate te of death is on or a	
ADDRESS (AT TIME OF DEATH)				s return is due nine (the decedent's dea	
			an extension of	time is granted by the first in blue or black	he Depart-
CITY	State: ZIP C	CODE:	•		
OITT	Otale Zii C	JOBE	Department of R	ck payable to the T evenue for the amo	
	Yes	No	on Line 10 and Tennessee	mail to: Department of Re	venue
Election of Alternate Valuation			Andrew Jac 500 Deade	ckson State Office I	Building
Election of Special Use Valuation				Tennessee 37242	
Gross Estate contains T.C.A. §67-	-8-304 (10) (QTIP) property	_		you may call in-sta or (615) 253-060	
Age of Decedent Did	decedent have a will?	s No (If Yes, a	ttach a copy to t	the return).	
	e (executor, etc.) Last Name:	•		•	MI:
	City:				
Personal Representative's Nam	e (executor, etc.) Last Name:		_ First Name:_		_ MI:
Address Street:	City:		State:	Zip Code: _	
Return Preparer: Last Name/Fir	m: F	rirst Name:	MI:	Phone	
Address Street:	City:		State:	Zip Code: _	
Attorney For the Estate Last Na	ame/Firm: F	irst Name:	MI:	Phone:	
Address Street:	City:		State:	Zip Code: _	
	0014017471011	SE 44401 INTERNE		OUND TO THE NEARES Dollars	ST DOLLAR Cents
Inheritance Tax	COMPUTATION (00
					00
	ne 1 minus Line 2)				00
• •	, , , , , , , , , , , , , , , , , , ,				00
5. Total Taxes Due (Add Lines	3 and 4)		<u> </u>		00
6. Deduct: Extension Payment	S				00
7. Balance of Tax Due (Line 5 r	ninus Line 6)		·····		00
8. Penalty (5% for each 30-day	period of delinquency not to exc	eed 25% of the tax du	e)		00
9. Interest (% per and	num on any taxes unpaid by the d	lue date)	<u> </u>		00
10. Total Amount Due (Add Lin	es 7, 8, and 9)		<u> </u>		00
			EOR OF	FEICE LISE ONL	v

FOR OFFICE USE ONLY

Acct. #____

Date Rec'd ____

Amt. Rec'd \$____

GENERAL INFORMATION

(A copy of the decedent's death certificate may be submitted in lieu of completing Lines 1 through 6.)

1. Decedent's date of birth _		Place of birth		
2. Place of death if different t	han decedent's a	ddress (e.g. name of hospital)		
·				
3. Cause of death		Length	of last illness	
4. Decedent's physician(s):	Name	Na	me	
	Address	Ad		
5. Decedent's business or oc	cupation:			
If decedent was retired, ch	eck here			
6. Decedent's marital status a	at time of death:			
Married date of marr	iage to surviving	spouse		
		spouse		
		eath		
Single				
	ame of spouse			
		e final		
		all interests of the heirs, next of ki		t are as follows:
NAME	AGE	ADDRESS	RELATIONSHIP	AMOUNT
INAME	AGE	ADDITEGO	KLEATIONOLIII	AWOONT
	1 1			

Page 2

RECAPITULATION - GROSS ESTATE

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ĺÈ	Ò	R[a] d^ ÁJ		. 00		. 00
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INHERITANCE TAX COMPUTATION

The state inheritance tax is imposed upon the net taxable estate of a decedent. In the case of resident decedent's between January 1, 2006 and December 31, 2012, the allowable exemption is \$1,000,000; in 2013, the allowable exemption is \$1,250,000; in 2014; the allowable exemption is \$2,000,000; and in 2015, the allowable exemption is \$5,000,000. In 2016 and thereafter, no inheritance tax is imposed.

		DOLLARS	CENTS
1.	Taxable estate (From Line 16, Page 3)		00
2.	Deduct: Statutory exemption		00
3.	Net taxable estate (Line 1 minus 2)		00
4.	Inheritance tax (Compute the tax by using the applicable tax rate		
	shown below and transfer to Line 1, Page 1)		00

If Line 3 is:	The tax is:
Not over \$40,000	5.5% of the net taxable estate
Over \$40,000 but not over \$240,000	\$2,200, plus 6.5% of the excess over \$40,000
Over \$240,000 but not over \$440,000	\$15,200, plus 7.5% of the excess over \$240,000
Over \$440,000	\$30,200, plus 9.5% of the excess over \$440,000

SUPPLEMENTAL INFORMATION:

If entries on the federal return regarding the value of the gross estate or the reported total allowable deductions differ from the corresponding entries on the Tennessee return, please explain the difference below. If no federal estate tax return was filed, enter below: assets not taxable in Tennessee or deductions not allowable in Tennessee.

ITEM NO.	EXPLANATION
	(If more space is required, attach additional sheets of same size.)