

**Generation-Skipping Transfer Tax Return
For Terminations**

Calendar Year 19.....

OMB No. 1545-1145
Expires 4-30-95**Part I General Information**

| | |
|---|---|
| 1a Name of trust | 1b EIN of trust (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 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 (b) and (c)? 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 706GS(T) or 706GS(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 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 instructions under Who Must File), check box 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) | | Net GST tax (from Sch. A, line 14) |
|--|--|---------------------------------------|
| 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 net GST tax (add lines 9a1-9b) | 10 |
| 11 | Payment made with Form 2758 | 11 |
| 12 | TAX DUE —if line 10 is larger than line 11, enter amount owed | 12 |
| 13 | Overpayment —if line 11 is larger than line 10, enter amount to be refunded | 13 |

| | | |
|---------------------------------|---|---|
| Please 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. | |
| | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="border-bottom: 1px solid black; flex: 1;"></div> </div> Signature of fiduciary or other officer representing fiduciary | <div style="border-bottom: 1px solid black; flex: 1;"></div> Date |
| Paid Preparer's Use Only | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="border-bottom: 1px solid black; flex: 1;"></div> </div> Preparer's signature | <div style="border-bottom: 1px solid black; flex: 1;"></div> Date |
| | <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="border-bottom: 1px solid black; flex: 1;"></div> </div> Firm's name (or yours if self-employed) and address | <div style="border-bottom: 1px solid black; flex: 1;"></div> ZIP code |

Name of trust

EIN of trust

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 instructions before completing this schedule.)

| 1 | a Name of skip person(s) | b SSN or EIN | c Item number from line 4 below in which interest held |
|----------|------------------------------------|------------------------|---|
| | | | |

2 Describe in this space 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 instructions) ☐ **4** Describe each taxable termination below (see instructions)

| a Item number | 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 instructions) | | | 8 | % |
| 9 | Applicable rate (multiply line 7 by line 8) | | | 9 | |
| 10 | Gross GST tax (multiply line 6 by line 9) | | | 10 | |
| 11 | Creditable state GST tax, if any (attach credit evidence) | | | 11 | |
| 12 | Multiply line 10 by 5% (.05) | | | 12 | |
| 13 | Allowable credit (enter the lesser of line 11 or line 12). | | | 13 | |
| 14 | Net GST tax (subtract line 13 from line 10) (enter here and on line 9, Part III, page 1) | | | 14 | |

Name of trust

Schedule A No. ►

EIN of trust

Schedule B(1)—General Trust Debts, Expenses, and Taxes
(Section 2622(b)) (Enter only items related to the entire trust; see instructions)

| a Item number | b Description | c Amount |
|-------------------------|-------------------------|--------------------|
| 1 | | |

| | | | |
|----------|--|----------|---|
| 1 | Total of Schedule B(1) | 1 | |
| 2 | Percentage allocated to corresponding Schedule A | 2 | % |
| 3 | Net deduction (multiply line 1 by line 2) | 3 | |

Schedule B(2)—Specific Termination Related Debts, Expenses, and Taxes
(Section 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule A; see instructions)

| a Item number | b Description | c Amount |
|-------------------------|-------------------------|--------------------|
| 1 | | |

| | | | |
|----------|--|----------|--|
| 4 | Total of Schedule B(2) | 4 | |
| 5 | Total —Add lines 3 and 4 (enter here and on line 5 of the corresponding Schedule A) | 5 | |