

New York State Department of Taxation and Finance

Estate Tax Domicile Affidavit



This affidavit must be notarized on page 4.

For the estate of an individual who died after December 31, 1982, and before May 26, 1990

If it is claimed that the decedent was not a New York State resident at the time of death, the fiduciary (executor or administrator), the surviving spouse, or a member of the decedent's immediate family, who can provide all the information requested below, should complete this affidavit.

Note – If this affidavit is filed with New York State Form TT-86.5, omit questions 28 through 33. If the estate is filing Form TT-385, *New York State Estate Tax Return,* or the date of death is on or after May 26, 1990, use Form ET-141, *New York State Estate Tax Domicile Affidavit,* instead.

If the estate filed a federal estate tax return, Form 706 or 706-NA, attach a copy. Answer all questions completely.

Decedent's last i	name	First name	Init	ial	Age at death	Date of death (attach death certificate)	Decedent's social s	ecurity number
					death	dealin certificate)		
Decedent's dom	icile							
Address					County	S	itate	Country
Attorney for esta	te (if any)							
Name		Ac	ddress				Telepho	one number
1 Applicant's na	ame	i	2 Applicant's	s addres	s and telepl	hone number	3 Applicant's relation or connection with	
4 Decedent's d	ate of birth 5 Deceden	t's place of birth		5a lf b	oorn outside	the U.S., was decedent a	naturalized citizen of th	e United States?
						Yes	No	
							-	
5b If 5a is <i>Yes</i> , g	jive court and location where	e naturalized 6 I	If decedent was a renewals and de	a U.S. Citi ecedent's	izen, did he o address as	r she ever apply for a pass it appears on the passpo	port? If <i>Yes</i> , give dates o rt.	of application and
		[Yes			0		
7 Decedent's o occupation)	occupation (if retired, so state	and give former	8 Name and a	address (of employer	(if retired, former employer,)	
9 Was deceder	nt ever married? 9a If Yes	give date and pla	ce of marriage		10 Name	and address of spouse		
Yes	No							
11 Was decede	nt a member of any churcl	n, club, or organiza	ation? Yes		No If <i>Yes</i> , g	ive name, address, and oth	ner details. (attach separat	e sheet if necessary)
12 Did deceder				nistrator	of decedent	's estate (attach copy of co	ertificate of appointment)	
Yes	No	duciary appointed,	write <i>none</i> .					
(if Yes, attac	h copy)							
14 Name and a	ddress of court where will	was or is to be pro	bated, or estat	te admin	istered	15 Did decedent exe	cute any other wills d	uring
			,				preceding death?	3
						Yes	No (if Yes, attach c	ору)
16 Did deceder	nt ever live in New York Sta	te? 16a If <i>Yes</i> ,	for what period	ds?				
17 Provide the	following information regar	ding the residence	e(s) of the dece	edent dur	ing the last	five years preceding de	ath:	
	In New York	State				Outside New	York State	
Period of time from – to	Address		Residence owned - rente other (explain	ed Peri	od of time om - to	Addre	ess	Residence owned - rented other (explain)

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18	Did decedent ever own New York State?	real estate located in	18a Period of time from - to		18b Add	lress of prop	erty	
	L Yes L N	10						
	Yes, complete items 18(a)		in the share the Core of			· · · · ·		
19	In what state(s) did dece Year	edent vote or register to	o vote during the five	years preced	ling death?	(snow latest y State	ear first)	
20	If decedent did not vote	in those five years, wh	ere did he last vote?					20a When did decedent last vote?
21	Did decedent execute any	trust indentures. deeds.	mortgages, leases, or a	anv other doc	uments desc	cribina his resi	dence durina	the last five years preceding death?
	Yes N			,		5	5	,
		If so, at	ach copy					
22	Did decedent own a saf located in New York Sta	e deposit box 22a If te?	Yes, has it been inver	ntoried?		22b Name	and address	s of bank where box is located.
	Yes N	o	Yes No)				
		If <i>Yes</i> , a	ttach a copy					
23	Was decedent a party to	o any legal proceedings	s in the state of New Y	ork during t	ne last five	years of his o	or her life?	7
	If Yes, list the court or tr	ibunal, or other forum,	and the date, and typ	e of action.			Yes	No
24	Did decedent have licen	uses to operate a busin	ess practice a profes	sion or one	ate a moto	r vehicle airr	plane or boa	t?
	If Yes, give information						Yes	No
	License number	Туре	of license	Da	te of issuar	nce	Name	and location of issuing office
05	List the Internet Devenue	- Comico Conton and				a da nat fila al in		
25	intangible personal prop	e Service Center, and the last five year	ars preceding death. (Income tax	where dec returns (fed	leral and stat	icome tax ref e) may be re	turns and paid tax on income or equired.)
	Year	Inte	rnal Revenue Service	Center			State, cou	unty, or municipality
26	Give detailed informatio	n about business activi	ties (if any) engaged	in by the dea	edent durir	ng the five ye	ars precedin	g date of death
		In New York State				0	itside New Yo	nrk State
	Dates		siness activities		Dates			ature of business activities

27	What other information do you wish						
	death?						
28	List below, at total value, any real p	property, tangible	personal property, or i	ntangible personal pro	operty wh	erever located in which the decedent had an uded in federal gross estate).	1
	interest at death, and taxable trans	fers made by the	decedent within three	years of decedent's d	eath (inclu	uded in federal gross estate).	
	(amounts should be taken from federal F	orm 706)					
		Real property		\$			
		Tangible persor	nal property	\$			
		Intangible perse		\$			
			three years of dea	th \$			
			•	\$			
		6/30/78 and	within three years o	t death			
						Total \$	
29	Did the decedent at time of death of	own, individually o	r jointly, any interest in	n real property in New	York State	e?	
	Yes No	If Yes and Relea	use of Lien is desired	please supply the follo	wina info	rmation:	
		(complete question			ge.		
			,				
	Book of Deeds or Libe	er No		at page r	10	map no	
	section no.					_	
	Property address						
		<u> </u>					
		Street	or road			City, town, or village	
30	Show assessed and market value (al property described			
30	Show assessed and market value (, required)			eal property described			
30	required)	and balance owed o	n mortgage, if any), Of re		in questic	on 29. (real estate appraisal may be	
	required) (a) Assessed value - \$	and balance owed o	n mortgage, if any), of re	(c) Balance owed or (submit proof of ind	in questio n mortgag lebtedness)	on 29. (real estate appraisal may be	
	required) (a) Assessed value - \$	and balance owed o	n mortgage, if any), of re	(c) Balance owed or (submit proof of ind	in questio n mortgag lebtedness)	on 29. (real estate appraisal may be	เท
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	required) (a) Assessed value - \$	and balance owed o	on mortgage, if any), of re lue - \$ uch as household furn	(c) Balance owed or (submit proof of ind	in questio n mortgag lebtedness)	on 29. (real estate appraisal may be	เท
	required) (a) Assessed value - \$ Did decedent own any tangible per actual situs in New York State?YesNo	and balance owed o (b) Market val sonal property, su If Yes, describe in	n mortgage, if any), of re lue - \$ uch as household furn n detail.	(c) Balance owed or <i>(submit proof of ind</i> ishings, jewelry, coin c	in questio n mortgag lebtedness)	on 29. <i>(real estate appraisal may be</i> le, if any - \$ s, paintings, boats, automobiles, etc., having a	เท
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31	required) (a) Assessed value - \$ Did decedent own any tangible per actual situs in New York State? Yes No Item	iand balance owed o	n mortgage, if any), of re lue - \$ uch as household furn n detail. ess where item is loca	(c) Balance owed or <i>(submit proof of ind</i> ishings, jewelry, coin c	in question mortgag <i>ebtedness)</i> collections	on 29. <i>(real estate appraisal may be</i> le, if any - \$ s, paintings, boats, automobiles, etc., having a Market value	an
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Complete items 33, 34, and 35 only if decedent owned real or tangible personal property having an actual situs in New York State. (Affirmation section must be completed.)

33	Computation of New York gross estate and taxable estate	35 Computation of nonresident tax
	(a) Federal gross estate*	$\frac{\text{Items } 30(b) + 31}{\text{Item } 33(c)} \times \text{Item } 34(f) = \text{New York State}$
	(b) Less real + tangible personal	
	property located outside NYS	\$
	(complete Schedule I below)	
	(c) New York State gross estate	Schedule I — Real and/or tangible personal property located outside New York State. (Do not include bank accounts, stocks, bonds, etc.) (Complete this
	(d) Less: Funeral expense	schedule if item 33, line (b), is used.)
	Mortgage (amount entered in item 30(c)**)	
	Total –	
	(e) New York adjusted gross estate —	
	(f) Less: New York marital deduction**	
	New York charitable bequests** Total	
	(g) New York taxable estate (enter in item 34(a))	
	* A copy of federal Form 706 may be required.	
	** if applicable	
34	Tax computation as if a resident	Note: If additional adjustments to federal gross estate are necessary, e.g., gifts made prior to 1983 or qualified terminable interest property included in line 33(a), attach separate sheet showing such adjustments.
	(a) New York taxable estate (from item 33(g))	Schedule II — Bequests, etc. to surviving spouse (complete this schedule if a
	(b) Plus adjusted New York taxable gifts made after 1982 +	marital deduction is claimed in item 33 line (f)) If entire estate passes to surviving spouse, write entire estate .
	(c) New York tentative estate tax base	
	(d) New York tentative estate tax	
	(compute on amount shown on line (c); see Table A)	
	(e) Less: Unified credit (see Table B)	
	New York gift tax payable on	
	amount shown on line (b) +	
	Total –	[
	(f) New York net estate tax, as if a resident	<u> </u>

The undersigned states that the foregoing sets forth all of the assets constituting the decedent's gross estate, and the answers to the foregoing questions are each and everyone true in every particular, and that this affidavit is made to induce the Commissioner of Taxation and Finance to determine domicile, to give a waiver notice and/or release of lien required by the Tax Law of the State of New York.

Fiduciary or applicant — sign here

Sworn before me this	_ day of	, 20,
in the County of		,
in the State/Commonwealth/Province of _		
Qualified in the County of	Commission expires on	, 20

(Notary Public, Commissioner of Deeds or Authorized New York State Department of Taxation and Finance employee)

• Attach authentication certificate if this affidavit is sworn to in a foreign country.

 required. Such numbers are used for tax administration purposes and as necessary pursuant to Education Law, sec. 663; Social Services Law, sec. 111b and 136a; and Executive Law, sec. 49; and Tax Law, sec 171b, and when the taxpayer gives written authorization to this department for another department, person, agency, or entity to have access, limited or otherwise, to information contained in his or her return.

Note: Disclosure of social security number is

Notice — Section 1811(b) of the Tax Law provides that any person who, with intent to evade taxation, files a false or fraudulent return, supplies false or fraudulent information, or withholds material information with intent to deceive, shall be guilty of a misdemeanor.

Over		But	not over	The	tax is:		
\$	0	\$	50,000				2% of such amount
	50,000		150,000	\$	1,000	+	3% of excess over \$ 50,000
1	50,000		300,000		4,000	+	4% of excess over 150,000
3	00,000		500,000		10,000	+	5% of excess over 300,000
5	00,000		700,000		20,000	+	6% of excess over 500,000
For am	nounts over \$70	0,000 refer	to instructions TT-8	6.5-I (3/90) p	age 10, Table A,	or TT-102-I (1/94	4) page 4, Table A.
			le B – Unified cre				
Over		But	not over			The cre	edit is:
\$	0	\$	2,750			the full	amount of tax
	2,750		5,000			the amo	ount by which \$5,500 exceeds the tax
	5,000					\$500	-