## NJ Division of Taxation - Inheritance and Estate Tax Application for Extension of Time to File A Return

Decedent's Name				Decedent's S.S.	No.			
	(Last)	(First)	(Middle)					
Date of Death (mm/dd/yy) _		′ C	ounty of Residence		<del></del>	Testate □	Intestate	
Name of Executor/Administrator/Heir-at-Law				Social Se	ecurity Number:			
Address				Daytime	Phone (	_)		
Mailing Address to send all	correspondence:							
Name				Daytime Phone ( )				
Street				_				
City	State	Ž	Zip Code	_				
Extension of time to file:								
☐ Inheritance T	ax Return	Extension	Requested for	months				
□ Estate Tax R	x Return Extension Requested for months							
(Both requests may be made on one form)								
Estate Tax returns (excepare due 9 months following date. Extensions beyond exceptional circumstance	ot returns filed using the death of the death of the	ng the Form 7 e decedent.	06 method which are An extension may be	requested for a peri-	od up to 6 mon	iths beyond th	ne original due	
ultimately determine determined to be of	ed to be due from of the from the from 9 month	eight months s after the c	after the decedent's lecedent's date of d	pay. Interest accrued date of death and on eath in accordance of delinquent notices.	any unpaid Es	state Tax ultim	nately	
Certification: Under penalties of perjur	y, I declare that to	the best of r	my knowledge and bo	elief, the statements r	made herein ar	re true and co	rrect.	
Exe	<b>;</b>		Date	<del></del>				
Mail completed form to:	ail completed form to: State of New Jersey, Division of Taxation, Individual Tax Audit Branch - Inheritance & Estate Tax, PO Box 249, Trenton, NJ 08695-0249 Phone: (609) 292-5033							
EXTEN	ISION REQUEST	s Will No	OT RECEIVE A RE	CPLY UNLESS THE	REQUEST IS	S DENIED		
Division Use Only								
The application for the ex	period to:							
For the Division:								