Form **706-GS(T)**

(Rev. January 2003) Department of the Treasury Internal Revenue Service

Generation-Skipping Transfer Tax Return For Terminations

For calendar year

OMB No. 1545-1145

Pa	rt I	General Information				
1a N	lame of	trust	1b Trust's employer ident	tification	numb	er (see instructions)
2a N	lame of	trustee	•			
2b T	rustee's	address (number and street or P.O. box; apt. or suite no.; city, town or post office; state	and ZIP code)			
Pa	rt II	Trust Information (see page 3 of the instructions)				
3	section	any exemption been allocated to this trust by reason of the deemed on 2632? If "Yes," describe the allocation on the line 7, Schedule A at the inclusion ratio was calculated		Yes	No	Sch. A number(s)
4	Has	property been contributed to this trust since the last Form 706-GS(T) or If "Yes," attach a schedule showing how the inclusion ratio was calculated to the second s				
5	in sec	any terminations occurred that are not reported on this return because tion 2611(b)(1) or (2) relating to medical and educational exclusions a tax? If "Yes," attach a statement describing the termination	nd prior payment of			
6		any contributions been made to this trust that were not included in casion ratio? If "Yes," attach a statement explaining why the contribution				
7 8	If this	the special QTIP election in section 2652(a)(3) been made for this trusts is not an explicit trust (see page 1 of the instructions under Who Muribing the trust arrangement that makes its effect substantially similar	ıst File), check box ar	nd attac	ch a s	statement
Pa	rt III	Tax Computation				
	Sumr	mary of attached Schedules A (see instructions for line 9b on page 6) No.			(fr	Net GST tax om Sch. A, line 14)
1				9a1	<u> </u>	<u> </u>
2				9a 2		
3				9a 3		
4				9a4		
				9a 5		
5						
6)			9a 6		
O۴	Total	from all additional Cabadulas A attached to this farm				
_9b		from all additional Schedules A attached to this form		9b		
10	Total	net GST tax (add lines 9a1–9b)		10		
11	Paym	nent, if any, made with Form 2758		11		
12		due—if line 10 is larger than line 11, enter amount owed		12		
13	Over	payment—if line 11 is larger than line 10, enter amount to be refunded	d	13		
Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompany and belief, it is true, correct, and complete. Declaration of preparer other than fiduciary is	ying schedules and statemer s based on all information of	its, and to which pre	the be eparer	est of my knowledge has any knowledge.
пе	ıe	Signature of fiduciary or officer representing fiduciary		Date		
 Paid		Preparer's signature		Date		
	arer's	Firm's name (or		1		
Use	Only	yours if self-employed)		ZIP co	nde	
		and address				

Name of trust				EIN of trust		
Schedule A		lote: Make copies of Schedule A.	this schedule before co	ompleting it if you w	ill need more than one	
	(See p		Taxable Terminations ons before completing the			
1	a Name of skip per	sons	b SSN or EIN of skip pers		rom line 4 below in interest held	
2 Describe	e the terminating power of	merest. If you need				
	ect alternate valuation, cl					
a Describe	e each taxable terminatio	n below (see page 4 c	c	d	е	
Item no.	Description of property	subject to termination	Date of termination	Valuation date	Value	
Takel						
Total do	duations applicable to thi		tached Cabadula D. line		5	
	Total deductions applicable to this Schedule A (from attached Schedule B, line 5)					
7 Inclusion	Inclusion ratio (attach separate schedule showing computation)					
	m Federal estate tax rate				8 %	
	ble rate (multiply line 7 by ST tax (multiply line 6 by				10	
	le state GST tax, if any ()	11		
			–	12	\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
13 Allowable 14 Net GST	e credit (enter the smalle tax (subtract line 13 fron	n line 10) (enter here a	and on line 9, Part III, pa	ge 1)	13	

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Name of trust

Schedule A No.

			EIN of trust		
Not	e: Make copie	es of this schedule before completing it if you will need more than one Schedu	ule B.		
		Schedule B(1)—General Trust Debts, Expenses, and Tai (Section 2622(b)) (Enter only items related to the entire trust; see page 4 of t	xes he instructions.)		
	a Item no.	b Description		c Amount	
	1				
1	Total of Sch		1		
2	•	allocated to corresponding Schedule A	2	%	
3	Net deduction	on (multiply line 1 by line 2)	and Taxes		
(Section 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule b	A; see page 5 of	the instructions.)	
	Item no.	Description		Amount	
	1				
4	Total of Sch	edule B(2)	4		
5		lines 3 and 4 (enter here and on line 5 of the corresponding Schedule A)			
	IUIOI—AUIO	mica a diu 3 lellel hele diu vii me a til he conestimini achenne Al	1 7	1	