Form **706-GS(T)** Generation-Skipping Transfer Tax Return For Terminations

(Rev. November 2011) Department of the Treasury

▶ Use for terminations made after December 31, 2010.

OMB No. 1545-1145

► For calendar year Internal Revenue Service **General Information** Part I 1a Name of trust 1b Trust's employer identification number (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 the instructions) Sch. A Yes No number(s) Has any exemption been allocated to this trust by reason of the deemed allocation rules of 3 section 2632? If "Yes," describe the allocation on the line 7, Schedule A, attachment showing Has property been contributed to this trust since the last Form 706-GS(T) or 706-GS(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 Generation-Skipping Transfer (GST) tax? If "Yes," attach a statement describing the termination . 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? If this is not an explicit trust (see the instructions under Who Must File), check here and attach a statement describing the trust arrangement that makes its effect substantially similar to an explicit trust **Tax Computation** Part III Summary of attached Schedules A (see instructions for line 9b) 9a **GST** tax Schedule A No. (from Sch. A, line 10) **9a**1 2 9a2 3 **9a**3 4 9a4 5 9a5 6 **9a**6 Total from all additional Schedules A, in excess of six, attached to this form 9b 9b 10 **Total** GST tax (add lines 9a1 through 9b) 10 Payment, if any, made with Form 7004 11 11 12 **Tax due.** If line 10 is larger than line 11, enter the amount owed . . . 12 13 Overpayment. If line 11 is larger than line 10, enter amount to be refunded 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 Sign knowledge. Here Signature of fiduciary or officer representing fiduciary Date Print/Type preparer's name Preparer's signature Date PTIN Paid Check if self-employed **Preparer**

Firm's name

Firm's address ▶

Use Only

Firm's EIN ▶

Phone no.

| Name of trust | | | EIN of trust | | | |
|----------------------|--|-------------------------------------|---|--|--|--|
| Schedule A No | | opies of this schedule before co | es of this schedule before completing it if you will need more than one | | | |
| ochedule A 140 | Schedu | le A-Taxable Terminations | | | | |
| | | tions before completing this sche | | ive ne line 4 helevy in | | |
| | a Name of skip persons | b SSN or EIN of skip pers | | c Item no. from line 4 below in which interest held | | |
| 1 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Describe | the terminating power or interest. If you | need more space, attach an add | litional sheet | | | |
| Z Describe | the terminating power of interest. If you | i need more space, attach an add | illonal Sheet. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ct alternate valuation, check here (see t | | | | | |
| | each taxable termination below (see the | | | T | | |
| a Item no. | b Description of property subject to term | nination Date of termination | d Valuation date | e Value | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | - | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total deductions applicable to this Schedule A (from attached Schedule B, line 5)

Maximum federal estate tax rate (see Table in the instructions)

GST tax (multiply line 6 by line 9) (enter here and on page 1, Part III, line 9)

5

| Name of trust EIN of tru | | | | | |
|---------------------------|--|------------------|--------------------|--------------------|--|
| Note. Make copies | of this schedule before completing it if you will need more than one Schedule B. | | | | |
| | Schedule B(1)—General Trust Debts, Expenses, and Taxo (Section 2622(b)) (Enter only items related to the entire trust; see the instr | es ructions.) | | | |
| a Item no. | a b | | | c Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1 Total of Scho | edule B(1) | | 1 | | |
| 2 Percentage | allocated to corresponding Schedule A | | 2 | % | |
| 3 Net deduction | on (multiply line 1 by line 2) | | 3 | | |
| (Section 2 | Schedule B(2)—Specific Termination-Related Debts, Expenses, a 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule B(2)—Specific Terminations appearing on corresponding Schedule B(2)—Specific Termination-Related Debts, Expenses, a 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule B(2)—Specific Termination-Related Debts, Expenses, a 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule B(2)—Specific Termination-Related Debts, Expenses, a 2622(b)) (Enter only items related solely to terminations appearing on corresponding Schedule B(2)—Specific Termination B(2)—Spe | | | uctions.) | |
| a Item no. | a b | | c Amount | | |
| item no. | Description | | | Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Total of Scho | edule B(2) | | 4 | | |

Total. Add lines 3 and 4 (enter here and on line 5 of the corresponding Schedule A) . .