

The form you are looking for begins on the next page of this file. Before viewing it, please see the important update information below.

New Mailing Addresses

Addresses for mailing certain forms have changed since the forms were last published. The new mailing addresses are shown below.

Mailing address for Forms 706-A, 706-GS(D), 706-GS(T), 706-NA, 706-QDT, 8612, 8725, 8831, 8842, 8892, 8924, 8928:

Department of the Treasury Internal Revenue Service Center Kansas City, MO 64999

Mailing address for Forms 2678, 8716, 8822-B, 8832, 8855:

Taxpayers in the States Below	Mail the Form to This Address
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Center Kansas City, MO 64999
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201

This update supplements these forms' instructions. Filers should rely on this update for the changes described, which will be incorporated into the next revision of the forms' instructions.

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

Use for terminations made after December 31, 2012.

► For calendar year

(Rev. November 2013) Department of the Treasury Internal Revenue Service

▶ Information about Form 706-GS(T) and its separate instructions is at www.irs.gov/form706gst.

OMB No. 1545-1145

Part		General Information						
1a Nam	e of trus	st		1b T	rust's employer	identificatio	n numb	er (see instructions)
2a Nam	e of trus	stee						
		ddress (number and street or P.O. box; apt instructions).	t. or suite no.; city, town or post office; state and 2	ZIP code	e) If you have a fo	reign addres:	s, also c	omplete the spaces
For	eign co	untry name	Foreign province/county		Foreign pos	stal code		
Part	I	Trust Information (see the in	nstructions)		I			
3	section		to this trust by reason of the deem allocation on the line 7, Schedule A				No	Sch. A number(s)
4			is trust since the last Form 706-GS(I wing how the inclusion ratio was calcul			vas		
5	in sec	ction 2611(b)(1) or (2) relating to	are not reported on this return becan o medical and educational exclusions ax? If "Yes," attach a statement describ	and p	orior paymen	t of		
6			to this trust that were not included in ement explaining why the contribution					
7 8	If this	is not an explicit trust (see the ir	on 2652(a)(3) been made for this trust? nstructions under <i>Who Must Fil</i> e), chec ct substantially similar to an explicit trus	ck here				cribing the
Part	П	Tax Computation						
9a Schedul		mary of attached Schedules A (se	ee instructions for line 9b)				(fr	GST tax rom Sch. A, line 10)
1	ic A No.	•				9a1	(11	om och. A, ilile 10)
2						9a 2		
3						9a 3		
-								
4						9a4		
5						9a 5		
6						9a 6		
9b	Total	from all additional Schedules A,	in excess of six, attached to this form			▶ 9b		
10	Total	I GST tax (add lines 9a1 through	9b)			. 10		
11	Paym	nent, if any, made with Form 7004	4			. 11		
12	Tax c	due. If line 10 is larger than line 1	1, enter the amount owed			. 12		
13		_	line 10, enter amount to be refunded			. 13		
Sign 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 have knowledge. Here								
		Signature of fiduciary or officer rep.	resenting fiduciary			Date		
Paid	Oro	Print/Type preparer's name	Preparer's signature		Date	Check self-em		PTIN
Prepa		Firm's name ▶	1		<u>'</u>	Firm's EIN	•	
Use (Uniy	Firm's address				Phone no		

Form 706-GS(T) (Re Name of trust	•		EIN of trust	Page 2
		of this schedule before con	npleting it if you wi	ill need more than one
Schedule A No		T		
		Taxable Terminations perfore completing this schedu	ر مار	
	a	b		from line 4 below in
	Name of skip persons	SSN or EIN of skip persor		n interest held
1				
2 Describe	the terminating power or interest. If you need	more space, attach an additi	onal sheet.	
3 If you ele	ct alternate valuation, check here (see the inst	 ructions)		
	each taxable termination below (see the instru			
. a	b	C	d	e
Item no.	Description of property subject to termination	n Date of termination	Valuation date	Value

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

Total .

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 the instructions.)

a Itama na	b December	C
Item no.	Description	Amount
'		
Total of Schedule B(2	2)	4
Total Add lines 3 an	d 4 (enter here and on line 5 of the corresponding Schedule A)	5