

# Generation-Skipping Transfer Tax Return For Terminations

For calendar year .....

## Part I General Information

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 page 3 of the instructions)

	Yes	No	Sch. A number(s)
3 Has any exemption been allocated to this trust by reason of the deemed allocation rules of section 2632? If "Yes," describe the allocation on the line 7, Schedule A attachment showing how the inclusion ratio was calculated . . . . .			
4 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			
6 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? . . . . .			
8 If this is not an explicit trust (see page 1 of the instructions under <i>Who Must File</i> ), check here and attach a statement describing the trust arrangement that makes its effect substantially similar to an explicit trust . . . . . <input type="checkbox"/>			

## Part III Tax Computation

<b>9a</b> Summary of attached Schedules A (see instructions for line 9b on page 6)		<b>GST tax</b> (from Sch. A, line 10)
Schedule A No.		
1	. . . . .	<b>9a1</b>
2	. . . . .	<b>9a2</b>
3	. . . . .	<b>9a3</b>
4	. . . . .	<b>9a4</b>
5	. . . . .	<b>9a5</b>
6	. . . . .	<b>9a6</b>
<b>9b</b> Total from all additional Schedules A attached to this form . . . . . <input type="checkbox"/>		<b>9b</b>
<b>10</b> Total GST tax (add lines 9a1 through 9b).		<b>10</b>
<b>11</b> Payment, if any, made with Form 7004 . . . . .		<b>11</b>
<b>12</b> Tax due. If line 10 is larger than line 11, enter the amount owed . . . . .		<b>12</b>
<b>13</b> Overpayment. If line 11 is larger than line 10, enter amount to be refunded . . . . .		<b>13</b>

<b>Sign Here</b>	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 knowledge.			
<input type="checkbox"/>	Signature of fiduciary or officer representing fiduciary	Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code <input type="checkbox"/>	EIN	Phone no. ( )	



