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Government of the District of Columbia

D-76EZ DC Estate Tax Return

FOR ESTATES OF INDIVIDUALS WHO DIED ON JANUARY 1, 2016 OR AFTER

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

0 0 0 7 6 0 2 1 0 0 0 2

OFFICIAL USE ONLY VENDOR ID#0002

Attach a copy of the last will and testament, Letters of Administration and death certificate

Fill in type of return: ☐ Resident ☐ Nonresident ☐ Alien ☐ Amended return

☐ Was the estate probated? ☐ Did decedent die testate?

Estate's Federal Employer ID Number

Date of Death (MMDDYYYY)

Social Security Number (SSN)

Date of Birth of Decedent (MMDDYYYY)

Estate of (First name) M.I. (Last name)

Address of Decedent at date of death (number, street and suite/apartment number if applicable)

City State Zip Code +4

Location of Probate Court

Case Number

Name of Personal Representative

SSN of Personal Representative

Address of Personal Representative (number, street and suite/apartment number if applicable)

Telephone Number of Personal Representative

City State Zip Code +4

Estate

Round cents to nearest dollar. If amount is zero, leave line blank.

Total gross estate (approximate) $ .00

Signature I swear under penalty of law, that I (we) have examined all assets and documents of this estate including accompanying schedules and statements, and to the best of my (our) knowledge, information and belief, all statements made herein are true, correct and complete.

Attorney's Name

Signature of Personal Representative

Attorney's Address

Attorney's Telephone Number

Date