

Government of the District of Columbia

D-76EZ SUB DC Estate Tax Return FOR ESTATES OF INDIVIDUALS WHO DIED ON JANUARY 1, 2016 OR AFTER



Attach a copy of the last will and testament, Letters of Administration and death certificate Mark type of return: X Resident X Nonresident X Alien X Amended Return X Was the estate probated X Did decedent die testate

SOFTWARE DEVELOPER USE VENDOR # 1234

Estate's Federal Employer ID Number Date of Death (MMDDYY) Social Security Number (SSN) Death of Birth of Decedent (MMDDYY) 123456789 123456789 123456789 123456789

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

Address of Decedent at date of death (number, street and suite/apartment number if applicable) 12345ABCDEFHIJKLMNOPQ

City ABCDEFGHIJKLMNOPQ State AB Zipcode + 4 123456789

Location of Probate Court 12345ABCDEFHIJKLMNOPQ Case Number 12345ABCDEFHI

Name of Personal Representative ABCDEFGHIJKLMNOPQRSTUVWXYZ SSN of Personal Representative 123456789

Address of Personal Representative (number, street and suite/apartment number if applicable) Telephone Number of Representative 12345ABCDEFHIJKLMNOPQ 1234567890

City ABCDEFGHIJKLMNOPQ State AB Zipcode + 4 123456789

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

Estate Total gross estate (approximate) S123456789.00

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