

Government of the District of Columbia

D-77 SUB Extension of Time to File a DC Estate Tax Return FOR ESTATES OF INDIVIDUALS WHO DIED ON JANUARY 1, 2016 OR AFTER



SOFTWARE DEVELOPER USE VENDOR # 1234

PART I IDENTIFICATION

Estate's Federal Employer ID Number 123456789 Date of Death (MMDDYYYY) 123456789 Social Security Number (SSN) 123456789 Date of Birth of Decedent (MMDDYYYY) 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) 12345ABCDEFHIJKLMNOPQRSTUVWXYZ

City ABCDEFGHIJKLMNOPQRSTUVWXYZ State AB Zipcode + 4 123456789

Name of Personal Representative ABCDEFGHIJKLMNOPQRSTUVWXYZ SSN of Personal Representative 123456789

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

City ABCDEFGHIJKLMNOPQRSTUVWXYZ State AB Zipcode + 4 123456789

Name of Application Filer (if other than Personal Representative) ABCDEFGHIJKLMNOPQRSTUVWXYZ SSN of Application Filer 123456789

Address of Application Filer (number, street and suite/apartment number if applicable) 12345ABCDEFHIJKLMNOPQRSTUVWXYZ Telephone Number of Application Filer 1234567890

City ABCDEFGHIJKLMNOPQRSTUVWXYZ State AB Zipcode + 4 123456789

PART II EXTENSION OF TIME TO FILE FORM D-76

X Automatic extension. Please mark if you are applying for an automatic 6-month extension of time to file Form D-76. See instructions.

X Automatic extension. Please mark if you are an executor out of the United States and applying for an extension of time to file in excess of 6 months.

You must attach a written statement explaining in detail why it is impossible or impractical to file a reasonably complete return by the due date of the return.

Extension date requested _____

PART III PAYMENT TO ACCOMPANY EXTENSION REQUEST

Estimated amount of Estate Tax due \$123456789.00

Under penalty of law, I declare that to the best of my knowledge and belief, the statements made herein are true, correct, and complete and that I am authorized by the Personal Representative to file this application.

Signature _____

Title _____

Date _____