Form **706-GS(T)** (Rev. March 1995) Department of the Treasury Internal Revenue Service

Generation-Skipping Transfer Tax Return For Terminations

For calendar year 19....

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)

3	Has any exemption been allocated to this trust by reason of the deemed allocation rules of	Yes	No	Sch. A number(s)
5	section 2632 (b) and (c)? 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 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 Who Must File), check box an describing the trust arrangement that makes its effect substantially similar to an explicit trust .			

Part III Tax Computation

9a	Sun	nma	ry i	of a	atta	ich	ed	Sch	ned	lule	s A	(s	ee ir	nstr	ucti	ons	s fo	r lir	ne 9	9b	on	pa	ge (6)									Net GS	T tay	
Sche	dule /	A No																													_	(fro	m Sch.		14)
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9b	Tota	al fr	om	all	ad	diti	ona	al S	che	edu	lles	Α	atta	che	d to	b th	is f	orn	n.											. 🕨	9b				
10	Tota	al n	et C	GS-	Гtа	ix (ado	d lir	nes	9a	1–9)b)																			10				
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Paid Preparer's Use Only	Preparer's signature	Date	
	Firm's name (or yours if self-employed)		
-	and address	ZIP code	

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Cat. No. 10329M Form **706-GS(T)** (Rev. 3-95)

Form	706-GS(T) (F	Rev. 3-95)						Page 2
Name	e of trust				EIN of	trust		
Sch	edule A N	lo.	Note: Make copies of Schedule A.	this schedule be	efore co	mpleting it if you w	ill nee	d more than one
				-Taxable Termin	ations			
		(S	ee page 3 of the instruction	ons before comple	eting thi	s schedule.)		
1		a Nama af abin		b CCN on FIN of obia		c Item no. fror which in		
-		Name of skip	persons	SSN or EIN of skip	person	WINCH I	licicsi	liciu
2	Describe	the terminating pow	ver or interest. If you need	d more space, atta	ach an a	dditional sheet.		
3			n, check here (see page 4					►
_4	a		ation below (see page 4 o)	d		e
It	tem no.	Description of prope	erty subject to termination	Date of termin	ation	Valuation date		Value
	1							
	Total.		<u></u>				4	
5		• •	b this Schedule A (from at			•	5	
6 7			5 from line 4)				6 7	
7 8			rate (see page 6 of the ir	•			8	%
9			7 by line 8)				9	
10	Gross G	ST tax (multiply line a	6 by line 9)				10	
11			ny (attach credit evidence			1 2		
12 13			naller of line 11 or line 12)				13	
14			from line 10) (enter here				14	

Schedule A (Form 706-GS(T)) (Rev. 3-95)

Form 706-GS(T) (Rev. 3-95)							
Name of trust	Schedule A No. 🕨						
	EIN of trust						

Schedule B(1)—General Trust Debts, Expenses, and Taxes (Section 2622(b)) (Enter only items related to the entire trust; see page 4 of the instructions.)						
a Item no.	b Description	c Amount				
1	Description	Amount				
1 Total of Sch	edule B(1)	1				
		•				
2 Percentage	allocated to corresponding Schedule A	2 %				
3 Net deduction	on (multiply line 1 by line 2)	3				
(Section 2622(b)	Schedule B(2)—Specific Termination-Related Debts, Expenses, and Taxe) (Enter only items related solely to terminations appearing on corresponding Schedule A; see page					
a Item no.	b Description	c Amount				
1						
4 Total of Sch	edule B(2)	4				
5 Total—Add	lines 3 and 4 (enter here and on line 5 of the corresponding Schedule A)	5				

Note: Make copies of this schedule before completing it if you will need more than one Schedule B.

