State of Rhode Island Division of Taxation

Form ESTATE-V

Estate Tax Fee Payment Voucher Form

16160399990101

ESTATE TAX FEE FORM

Decedent's first name	MI	Last name	Suffix	Decedent's social security number
XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXX	XXX	999-99-9999

Decedent's address - Legal residence (domicile) at time of death	City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	99999

Foreign country, if applicable	Year domicile established	Date of birth	Date of death
XXXXXXXXXXXXXXXXXXXXXXXX	01/01/1900	10/01/1920	10/08/2016

Executor/personal rep/admin's first name	MI	Last name	Suffix	Executor's social security number
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXX	XXX	999-99-9999

Executor's address	City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	99999

Preparer's first name	MI	Last name	Suffix	Preparer telephone number
XXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXX	XXX	(401) 999-9999

Preparer's firm name, if applicable

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Preparer's address	City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	99999

Name and location of court where will was probated or estate administered	Case number
XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX

Part 1: Reason for paying $50 fee NOTE: This form is to be used only to pay the $50 fee, not the estate tax.

Check the box next to the reason for which you are making a payment. Check only one box.

- [X] Form 706 return filing
- [X] Form 706 - Pro Forma return filing
- [X] Form 706 - Amended return filing
- [X] Change or correction to information on Form T-77, Discharge of Estate Tax Lien (Taxable Estates only)
- [X] Change or correction to information on Form T-79, Application for Estate Tax Waiver (Taxable Estates only)
- [X] Other:_____

Part 2: Amount due

1 Amount enclosed..... 1 50 00

Executor/personal representative/administrator signature	Date	Telephone number
	10/08/2021	(999) 999-9999

Preparer signature	Date	PTIN
	10/16/2021	P99999999

I declare that I am the (Please check one) [X] Attorney [X] Certified public accountant [X] Enrolled agent for the executor and prepared this return for the executor. I am not under suspension or disbarment from practice before the IRS and am qualified in the state shown above.

May the Division of Taxation contact your preparer? YES [X]

Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908