State of Rhode Island Division of Taxation

Form ESTATE-V

Estate Tax Fee Payment Voucher Form

ESTATE TAX FEE FORM

Decedent's first name	MI	Last name			Suffix	Decedent's s	edent's social security number		
Decedent's address - Legal residence (domicile	e) at time	e of death	City, town or p	oost office			State	ZIP code	
Foreign country if applicable		Year domicile	astablished	Date of birth		Da	te of death		
Foreign country, if applicable		rear domicile	established	Date of birth		Da	ie oi deain		
Executor/personal rep/admin's first name	MI	Last name			Suffix	Executor's so	ocial securi	ty number	
Executor's address			City, town or p	oost office			State	ZIP code	
Preparer's first name	MI	Last name			Suffix	Preparer tel	ephone nu	mber	
Preparer's firm name, if applicable									
Preparer's address			City, town or p	oost office			State	ZIP code	
Name and location of court where will was prob	oated or	estate administered				Case number			
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Form 100 - Pro Forma return fil	ing								
Form 100 - Amended return filir	ng								
Form 100A return filing									
Form 100A - Pro Forma return	filing								
Form 100A - Amended return fi	ling								
Change or correction to information	ation	on Form T-77, Di	scharge of	Estate					
Change or correction to information	ation	on Form T-79, Ap	oplication fo	or Estate Ta	ıx Waiv	er			
Other:						_			
art 2: Amount due									
1 Amount enclosed						1		50 0	
utor/personal representative/administrator signature				Da	ite	Te	Telephone number		
arer signature				Da	ite		PTIN		
	fied pub untant			and prepared th practice before					
Ma	y the D	ivision of Taxation co	ontact your pre	eparer? YES					
Mail to F	RI Divis	sion of Taxation - One	e Capitol Hill -	Providence F	 RI 02908				