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 social security number		
Decedent's address - Legal residence (dom	icile) at time	e of death	City, town or p	post office			State	ZIP code
Foreign country, if applicable		Year domicile	established	Date of birth			Date of death	1
Executor/personal rep/admin's first name	MI	Last name			Suffix	Executor'	s social secur	itv number
			•		Julia			
Executor's address			City, town or p	post office			State	ZIP code
Preparer's first name	MI	Last name			Suffix	Prepare	r telephone nu	umber
Preparer's firm name, if applicable								
Preparer's address			City, town or p	post office			State	ZIP code
Name and location of court where will was p	orobated or	estate administered				Case num	nber	
Form 706 - Pro Forma return	filing							
Form 706 - Amended return	filing							
Change or correction to infor	mation o	on Form T-77, D	ischarge of	Estate Tax	Lien (T	Taxable I	Estates o	nly)
Change or correction to infor	mation o	on Form T-79, A	oplication fo	or Estate Ta	x Waiv	er (Taxa	ble Estate	es only)
Other:								
art 2: Amount due								
1 Amount enclosed						1		50 0
utor/personal representative/administrat	tor signatu	ire		Da	ite		Telephone	number
arer signature				Da	ite		PTII	N
	Certified pub ccountant			and prepared the practice before				
1	May the D	ivision of Taxation co	ontact your pre	eparer? YES				
Mail	to RI Divis	sion of Taxation - On	e Capitol Hill -	· Providence. F	RI 02908			