# MINNESOTA • REVENUE **2013 Estate Tax Return** For estates of a decedent whose date of death is in calendar year 2013

2013 M706

		······································			Check box if this is an amended return	
	Decedent's first name, middle initial		Last name		Decedent's So	ocial Security number
	Last home address (street, apartment, rout	e)			Date of death	
r Print	City		State	Zip code	Minnesota pro	bate county and file number
Type or Print	Executor's first name, middle initial	Last name	Execu	tor's Social Security numb	er If filing under a feder enter the extended d ( <i>mm/dd/yyyy</i> ) (attac.	ue date / /
	Name of firm (if applicable)	Executor's phone				qualified small business and tion (attach Schedule M706Q):
	Address (street, apartment, route)	City	State	Zip code	Check if you received	d an extension for paying tax:
Ś	If paying federal estate tax in insta Estates of residents of Minnesota	illments, attach copy	of IRS appr	oval and check this	box:	Round amounts to the nearest whole dollar.
ent	1 Tentative Minnesota estate tax	before deductions (de	etermine froi	n instructions, page	5) <b>1</b>	
Estates of Minnesota Residents	2 Gross value of all real and tang	ible personal property	y located in c	ther states (attach it	emized list) 2	
Estates of esota Resi	3 Federal total gross estate (from	line 1 of federal Forr	m 706)		3	
tat ota	4 Ratio of property in other states	s to total gross estate	,			
Es	(divide line 2 by line 3, and rou	nd the result to five de	ecimal place	s)	4	•
inn	5 Multiply line 1 by line 4				5	
Σ	6 Minnesota estate tax before cre	edits (subtract line 5 f	from line 1).			
	Skip lines 7-11 and continue w				6	
	Estates of nonresidents of Minnes		- +			
ts	<ul><li>7 Tentative Minnesota estate tax</li><li>8 Gross value of all real and tang</li></ul>				5) <b>(</b>	
s of len	including those within a pass-th				8	
ate	•					
Estates of Nonresidents	<ul><li>9 Federal total gross estate (from</li><li>10 Ratio of property in Minnesota state)</li></ul>		n 706)			
ž	(divide line 8 by line 9, and rou		ecimal place	s)		
	<b>11</b> Minnesota estate tax before cre					
	Nonrefundable credits		<i>y IIIIC 10)</i> .			
	<b>12</b> Credit for Minnesota gift taxes	paid (determine from	instructions,	page 5)		
	<b>13</b> Nonresident decedent tax credi					
	<b>14</b> Total nonrefundable credits. Ad					
	Estate tax					
	<b>15</b> Minnesota estate tax (subtract					
es	<b>16</b> Total payments, including any e	xtension payments, m	nade prior to	filing this return		
tate	<b>17</b> If line 15 is more than line 16, s	subtract line 16 from	line 15			
Estate	<b>18</b> Penalties (determine from instr	uctions, page 7)				
AII	<b>19</b> Interest, if any, from:	to:	(con	nplete worksheet on	back) <b>19</b>	
	20 AMOUNT DUE. Add lines 17, 18	3 and 19	<u></u>			
	Check payment method: che <b>21 REFUND.</b> If your total payments					
	and interest, subtract the amou					
	22 To have your refund direct depo		ving. Otherwi	se, you will receive a	check.	ciated with any foreign bank)
	Checking Savings					
	I declare that this return is correct and c Signature of executor	Date	·	Executor's phone	L have and	alasta di a manuari afficiatione an
ere	Signature of excelutor	Dutt	6	Executor 3 phone	on the bac	ointed a power of attorney ck of this form.
He	Signature of executor	Date	е	Signature of executor		Date
Sign Here	Signature of preparer, other than executor			PTIN	Date	Daytime phone
	· · ·					
	You must attach a copy of the feder				l all supporting do	ocumentation.
	Mail to: Minnesota Estate Tax, Mail S	Station 1315, St. Paul	I, MN 55146 9995	1315		

## MINNESOTA REVENUE

## 2013 M706 P2

## 2013 Estate Tax Return (continued)

Decedent's first name, middle initial, last name	Decedent's Social Security number	Executor's first name, middle initial, last name	Executor's Social Security number
	Decedent 3 Occurry number	Executor 3 mot name, middle middl, last name	Executor 3 Oberar Occurry framber

### Worksheet for Determining Interest on Line 19

#### Interest accrues on any unpaid tax and penalty beginning nine months from the decedent's date of death.

1	Amount of tax not paid within nine months after the decedent's date of death 1				
2	Unpaid penalty, if any, from line 18 on the front of this form	2			
3	Unpaid tax and penalty on which interest will accrue (add step 1 and step 2)				
4	Number of days that your payment of tax and/or penalty is late. If the days fall in more than one calendar year, you must determine the number of days separately for each year	Year: 2013	Year: 2014		
5	Divide step 4 by 365. Round the result to five decimal places $\ldots \ldots 5$ _	·			
6	Multiply step 3 by the result in step 5 for each year $\ldots \ldots 6$ _				
7	Interest rate in effect for the calendar year	3%	3%		
8	Multiply step 6 by the interest rate in step 7 for each year $\ldots \ldots 8$ _				
9	Add the amounts in step 8. Also enter the result on line 19 of Form M706				

### **Power of Attorney**

You may designate another person to act on your behalf or perform any act you can perform with respect to the Minnesota taxes of the decedent's estate when dealing with the department. To designate power of attorney, provide the information below and check the box after your signature on the front of this form.

Note: The department does not send tax refunds to the designated appointee unless you make an election in writing. It is your responsibility to keep your appointee informed of your tax matters. If you want the department to send any and all notices, including tax refunds, directly to your appointee rather than you, attach Form REV184A, Election for Power of Attorney, to this form.

I, the executor (personal representative) of the decedent's estate, appoint the person named below as Attorney-in-Fact to represent the estate before the Minnesota Department of Revenue. The appointee is authorized to provide and receive private and nonpublic information regarding the Minnesota taxes of the estate, and to perform any and all acts that I can perform with regard to the state taxes of the estate, unless noted below.

Name of person (appointee) given power of attorney			Daytime phone	Fax number	
Name of firm (if applied	cable)				
Address (street, apart	tment, route)		<b>Expiration date</b> (If a date is not provided, this of attorney is valid until revoked in writing):	power	
City	State	Zip code	Check this box to revoke all powers of attorney	· · · □	

you in connection with the Minnesota taxes of the decedent's estate:

□ I am excluding the following powers (please list):

Appointee