

## Application for Extension of Time to File a Washington State Estate and Transfer Tax Return File this form before the return due date

PART '	1 – C	eced)	ent a	and	Executor
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PARI 1 – Decede	ent and Executor										
Decedent's first na	ame and middle initial		2. Dec	2. Decedent's last name 3.				. Social Security Number			
Legal residence (de code, or foreign code)	omicile) at time of death (ountry)	county, state, and zip	5. Yea	r domicile established 6. Date			of birth	7. Date of death			
8. Name, Address, a	and Phone Number of Pe	rson Required to File		9. Name,	Address, a	nd Phone N	umber of Prepa	rer (if applicable)			
Telephone No:					Telephone No: Ext:						
Email Address:					Email Address:						
10. Name and location											
Do not file this fo estimated payme PART 2 – Extensi	ss Value of Estate somm if the amount is a ent (if any).  ion of Time to File ion. If you are applying	above the federal fi	ling thre	eshold; ins				·			
Additional extensi	ion. If you are applyin	g for an extension of	time to f	file in exces	s of six m	onths, che	ck here ▶	Original Return Due Date			
For an additional extension, you <b>must</b> attach a statement explaining in detail why it is impossible or impractical to file by the due date. Enter the original due date and extension date requested.								Extension Date Requested			
PART 3 – Paymer	nt to Accompany E	extension Reques	st								
Amount of payment Make check payabl security number, ar	\$										
accrues at the rate not grant relief from		vised Code of Wash st. Current interest ra	ington (F	RCW) 83.10	0.070 on	any unpaid	tax. Note: A	s not received, interest An extension of time does			
not a matching date		ne due date is the las						edent's death. If there is turday, Sunday, or a lega			
this form to apply fo		to file. The form mu	ust be si	gned by the	person fil	ing the ap	olication. If file	ower of attorney may use ed by an attorney, certifie ture line.			
Where to file											
	<u>Mail Address:</u>	Department of Rev Special Programs PO Box 47488 Olympia, WA 9850	Division		<u>Private</u>	Carrier:	Attn: Treasure 6500 Linders	of Revenue Estate Tax y Management on Way SW Ste 227 'A 98501-6561			
		Signa	ature ar	nd Verifica	ition						
	erjury, I declare that to d to file this application		vledge ar	nd belief, the	e stateme	nts made I	nerein and atta	ached are true and correc			
			_								
·	Filer's Signature	<del></del>		T	itle			Date			