

ESTATE TAX INFORMATION AND APPLICATION FOR TAX CLEARANCES



Decedent's Last Name	E E				
	FII:	First Name Initial		Decedent's Social Security Number	
Address of Residence (domicile) at Time of Death				Spouse's/CU Partner's Social Security Number	
City	State	ZIP Code		Date of Death (mm/dd/yyyy)	Age at Death
				/ /	
Administrator / Executor / Trustee Informa	tion				
Administrator /	Executor / Trustee Name	2		Telephone Num	ber
Ma	ling Address			For Department U	lse Only
City	State	ZIP Code			
Foreign Country	-		Email A	ddress	
Attorney Information					
Atto	rney's Name			Telephone Num	ber
				For Department Use Only	
Mailing Address					
City	State	ZIP Code			
Foreign Country			Email A	ddress	
				equired for Vear of De	N
Section A VERMONT INCOME TAX (see instru Yes. A return must be filed b No. State reason	ctions) Is a Verr before the tax clo	nont Income Tax	Return r	equired for Year of De	
Section A VERMONT INCOME TAX (see instru Yes. A return must be filed b	ctions) Is a Verr before the tax clo structions) If inc	nont Income Tax earance can be iss ome is received b	Return result.	equired for Year of De	ath? ion, Fiduciar
Section A VERMONT INCOME TAX (see instru Yes. A return must be filed to No. State reason Section B VERMONT FIDUCIARY TAX (see in	ctions) Is a Verr before the tax clo structions) If inc	nont Income Tax earance can be iss ome is received b IN (required): returns	Return resued.	equired for Year of De	ath? ion, Fiduciar ll be filed by