For office use only



## Department of Taxation and Finance



Application for Extension of Time To File and/or Pay Estate Tax For an estate of an individual who died on or after January 1, 2019

	-	Decedent's last name		First name		Middle initial	Soci	Social Security number			
		Address of decedent at time of o	death <i>(number and</i>	d street)			Date	of death		X if copy of rtificate is	
										(see inst.)	
		City		State		ZIP code	Cour	nty of resid	ence		
	If the decedent was a nonresident of New York State on the date of death, mark an <b>X</b> in the box and a Form ET-141, <i>New York State Estate Tax Domicile Affidavit</i>								•		
	-										
		<b>Power of Attorney –</b> Mark an <b>X</b> is If Form ET-14 was previously pro	vided, indicate wh	nich form it w							
	-	Form Executor: If you are submitting		Date	ore of	Administration with this for	— m indi	oto in thio	boy		
		the type of letters. Enter <i>L</i> if reg									
Attorney's	or authorized representa					finition, see instr.) last name		name		iddle initial	
					· · · · · · · · · · · · · · · · · · ·						
In care of	(firm's name)										
					If more than one executor, mark an <b>X</b> in the box (see instructions)						
Address of	of attorney or authoriz	ed representative		Address of					,		
	,										
City State ZIP code				City				State ZIP code			
SSN or P	TIN of attorney or aut	horized rep. Telephone number	r	Social Sec	urity r	number of executor	Teleph	one numbe	er		
Email address of attorney or authorized representative					Email address of executor						
Automatic extension of time to file (Tax Law, § 976(a)(1))							Extension date requested				
Ma	ark an <b>X</b> in this box <i>(s</i> e	ee instructions).						month	uay	year	
		<b>ay</b> (Tax Law, § 976(a))						Extensio	n date	requested	
		d, in the space provided below, e ths of the date of death) will caus									
		de to convert assets to pay the ta						month	day	year	
		n <b>X</b> here 📋 and attach an expl							•		
State in d	etail why you need ar	n extension of time to pay. (Attach	additional sheets i	f necessary.)							
				·········							
			Compu	Itation							
1	Estimated value o	f federal gross estate (see instru	•				1.				
2		f property with a location outsid					2.				
3 Subtotal (subtract line 2 from line 1)							3.				
Attach check 4		instructions)			4.						
or money 5	Includible QTIP Pr	roperty (see instructions)			5.		1				
order here. 6		n awards (see instructions)			6.		-				
7	-	ed under § 957 relating to Powe					-				
		or to 1930 (see instructions)			7.						
8		ıh 7					8.				
9							9.				
<ul> <li>9 New York estimated gross estate (add lines 3 and 8)</li> <li>10 Allowable federal deductions for New York State purposes (see instruct)</li> </ul>											
11						11.					
12					12.						
13						13.					
14		vith this form <i>(make check or mo</i>									
		f Taxation and Finance)					14.				



Executor or applicant, be sure to sign this return on page 2.

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**Certification:** Under penalties of perjury, I declare that I am either the duly appointed executor or administrator for the above-named estate or, if no executor or administrator has been appointed, a person in actual or constructive possession of any property of the decedent with sufficient knowledge to file an accurate return, the attorney or accountant representing such individual, or a person with a power of attorney to act on behalf of the executor, and that, to the best of my knowledge and belief, the information contained on this application is true and correct.

Signature	Date

Mark an  $\boldsymbol{X}$  in the applicable box:

Attorney

Court appointed Executor

\_ Power of attorney \_\_\_\_ Other (specify role) \_\_\_\_\_

