

## **Estate Tax Domicile Affidavit**

TT-141A

(1/03)

For the estate of an individual who died after December 31, 1982, and before May 26, 1990

If it is claimed that the decedent was not a New York State resident at the time of death, the fiduciary (executor or administrator), the surviving spouse, or a member of the decedent's immediate family, who can provide all the information requested below, should complete this affidavit.

Note – If this affidavit is filed with New York State Form TT-86.5, omit questions 28 through 33.

If the estate is filing Form TT-385, New York State Estate Tax Return, or the date of death is on or after May 26, 1990, use Form ET-141, New York State Estate Tax Domicile Affidavit, instead.

If the estate filed a federal estate tax return, Form 706 or 706-NA, attach a copy.

Answer all que	stions comp	oletely.	,	,		This affi	davit must be notar	ized on page 4
Decedent's last	name	F	First name	Initia	Age at death	Date of death (attach death certificate)	Decedent's social s	security number
Decedent's dom	nicile					_		
Address					County	(	State	Country
Attorney for esta	ate (if any)				,			
Name			Ac	ddress			Telepho	one number
1 Applicant's r	ame			2 Applicant's	address and tele	phone number	3 Applicant's relation or connection wit	
4 Decedent's o	date of birth	5 Decedent's p	place of birth		<b>5a</b> If born outside	e the U.S., was decedent a	naturalized citizen of th	e United States?
						Yes	∟ No	
<b>5b</b> If 5a is <i>Yes</i> ,	give court and	l location where na	turalized 6 l	f decedent was a renewals and dec	U.S. Citizen, did he cedent's address as	or she ever apply for a pass s it appears on the passpo	sport? If Yes, give dates ort.	of application and
				Yes	L 1	lo		
7 Decedent's occupation)	occupation (ii	f retired, so state and	d give former <b>{</b>	Name and ac	ddress of employe	t (if retired, former employe	7)	
9 Was decede	nt ever marrie	ed? <b>9a</b> If <i>Yes</i> , giv	re date and place	ce of marriage	10 Name	and address of spouse		
Yes	No		·					
11 Was decede	ent a membe	r of any church, c	lub, or organiza	ation? Yes	No If Yes,	give name, address, and ot	her details. (attach separa	te sheet if necessary)
12 Did decede	nt leave a will		l address of exe iary appointed,		strator of deceder	t's estate (attach copy of c	ertificate of appointment;	).
(if Yes, attac	ch copy)							
14 Name and a	address of co	ourt where will was	s or is to be pro	bated, or estate	administered		ecute any other wills on preceding death?	luring
						Yes	No (if Yes, attach o	сору)
16 Did decede	nt ever live in	New York State?	16a If Yes,	for what periods	s?			
17 Provide the	following info	ormation regarding	the residence	(s) of the deced	ent during the las	t five years preceding de	eath:	
		In New York Stat	e			Outside New	York State	
Period of time from – to		Address		Residence owned - rented other (explain)		Addr	ess	Residence owned - rented other (explain)

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18	Did decedent ever own real New York State?	estate located	in	18a Period of time from - to	)	<b>18b</b> Add	dress of prop	erty		
	Yes No									
/16.3		-1 (1-1)								
-	Yes, complete items 18(a) and In what state(s) did deceder		tor to	vote during the five	veare prec	eding death?	) (chow latest )	voor first)		
19	Year	nit vote or regis	ter to	vote during the live	years prec	eding death?	State	rear iirst)		
20	If decedent did not vote in the	hose five years	s, whe	re did he last vote?					20a When did decedent last vo	ote?
21	Did decedent execute any trus	st indentures, de	eds, m	nortgages, leases, or	any other de	ocuments des	cribing his res	idence during	the last five years preceding death?	
	Yes No				•		Ü	ŭ	, , ,	
				ch copy			T			
22	Did decedent own a safe de located in New York State?	eposit box 22a	a If Yo	es, has it been inve	ntoried?		22b Name	and address	s of bank where box is located.	
	Yes No			Yes N	0					
22	Mos decedent a next to an			ach a copy	Vouls duvina	the leat five	veere of his	or hor life?		
23	Was decedent a party to an		_				years of his		٦	
	If Yes, list the court or tribun	nal, or other for	um, ai	nd the date, and typ	e of action			」Yes ∟	∟ No	
24	Did decedent have licenses	to operate a b	usines	ss, practice a profes	sion, or op	erate a moto	or vehicle, air	plane, or boa	t?	
	If Yes, give information requ	uested below.						Yes	No	
	License number	Т	Type o	f license	ı	Date of issua	nce	Name	and location of issuing office	
			. , p o o						and recalled or issuing emes	
25	List the Internal Revenue Se	ervice Center, a	and th	e state, county, and	l I municipal	ity where ded	cedent filed in	come tax ref	turns and paid tax on income or	
	intangible personal property	for the last five	e year	s preceding death.	(Income ta	x returns (fed	deral and sta	te) may be re	equired.)	
	Year		Intern	al Revenue Service	Center			State, cou	unty, or municipality	
	0: 1: " 1: (	1								
26	Give detailed information ab	oout business a	activitie	es (if any) engaged	in by the d	ecedent duri	ng the five ye	ears precedin	ig date of death	
	In	New York Stat	e				Oı	utside New Yo	ork State	
	Dates	Nature o	of busi	ness activities		Dates	S	Na	ature of business activities	

27	What other information do you wish death?	to submit in supp	port of the contention	that the decedent was	not do	omiciled in the state of New York at the time of
20	List holour at total value, any year n	vanarti tanaihla	navaanal avanavtu av i	ntongible nevernel nye	an article	uhavayay lagatad in which the decodest had an
20	interest at death, and taxable transf	ers made by the	decedent within three	years of decedent's d	eath (ir	wherever located in which the decedent had an neluded in federal gross estate).
	(amounts should be taken from federal Fo	orm 706)				
		Real property		\$		
		Tangible persor		\$		
		Intangible pers		\$		
			three years of dea gifts made after	ш		
		-	within three years o	f death		
						Total \$
29	Did the decedent at time of death or	wn, individually o	r jointly, any interest ir	real property in New	York S	tate?
	Yes No	If Yes, and Relea	se of Lien is desired,	please supply the follo	wing in	nformation:
		(complete question	30 also)			
	Book of Deeds or Libe	r No.		at page r	10.	map no
	section no.		no			
	Property address					0'' 1 "''
		Street	or road			City, town, or village
30	Show assessed and market value (a	and balance owed o	n mortgage, if any), of re	al property described	in ques	stion 29. (real estate appraisal may be
	required)					
	(a) Assessed value - \$	(b) Market val	ue - \$	(c) Balance owed or (submit proof of ind	n mortg <i>lebtedne</i>	gage, if any - \$
31						ons, paintings, boats, automobiles, etc., having an
	actual situs in New York State?					
	└ Yes	If Yes, describe in	n detail.			
	Item	Addre	ess where item is loca	ted		Market value
						¢
						\$
						\$
						\$
_						
	List below the securities, bank acco		angible property for wl	hich tax waivers are re		
issı	me of bank; name of corporation or a uing stocks and bonds; name of gove vernment bonds; name of insurance of	ernment issuing	Amount of account; number of shares of stock; face value of bonds; amount of	Description of stocks or bonds; series of government bonds;	Name name	e(s) on bank account; name(s) on stocks or bonds; and address of beneficiary or annuitant
			policy or annuity	kind of policy or annuity		

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Complete items 33, 34, and 35 only if decedent owned real or tangible personal property having an actual situs in New York State. (Affirmation section must be completed.)

50 0	omprotour)	
33	Computation of New York gross estate and taxable estate	35 Computation of nonresident tax
	(a) Federal gross estate*	$\frac{\text{Items } 30(b) + 31}{\text{Item } 33(c)} \qquad \text{X}  \text{Item } 34(f) = \text{New York State}$
	(b) Less real + tangible personal property located outside NYS (complete Schedule I below)	** ***********************************
	(c) New York State gross estate	Schedule I — Real and/or tangible personal property located outside
	(d) Less: Funeral expense  Mortgage (amount entered  in item 30(c)**)  Total	New York State. (Do not include bank accounts, stocks, bonds, etc.) (Complete this schedule if item 33, line (b), is used.)
	(e) New York adjusted gross estate	
	(f) Less: New York marital deduction**  New York charitable bequests**	
	Total	
	(g) New York taxable estate (enter in item 34(a))	
	* A copy of federal Form 706 may be required. ** if applicable	
34	Tax computation as if a resident	Note: If additional adjustments to federal gross estate are necessary, e.g., gifts made prior to 1983 or qualified terminable interest property included in line 33(a), attach separate sheet showing such adjustments.
	(a) New York taxable estate (from item 33(g))	Schedule II — Bequests, etc. to surviving spouse (complete this schedule if a
	(b) Plus adjusted New York taxable gifts made after 1982 +	marital deduction is claimed in item 33 line (f)) If entire estate passes to surviving spouse, write <b>entire estate</b> .
	(c) New York tentative estate tax base	
	(d) New York tentative estate tax	
	(compute on amount shown on line (c); see Table A)	
	(e) Less: Unified credit (see Table B)  New York gift tax payable on amount shown on line (b)  Total	
	(f) New York net estate tax, as if a resident	
The	e undersigned states that the foregoing sets forth all of the assets constituti	ng the decedent's gross estate, and the answers to the foregoing questions

The undersigned states that the foregoing sets forth all of the assets constituting the decedent's gross estate, and the answers to the foregoing questions are each and everyone true in every particular, and that this affidavit is made to induce the Commissioner of Taxation and Finance to determine domicile, to give a waiver notice and/or release of lien required by the Tax Law of the State of New York.

## Fiduciary or applicant — sign here \_\_\_\_\_

Sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, in the County of \_\_\_\_\_\_\_, in the State/Commonwealth/Province of \_\_\_\_\_\_.

Qualified in the County of \_\_\_\_\_\_. Commission expires on \_\_\_\_\_\_, 20\_\_\_\_\_.

(Notary Public, Commissioner of Deeds or Authorized New York State Department of Taxation and Finance employee)

• Attach authentication certificate if this affidavit is sworn to in a foreign country.

Note: Disclosure of social security number is required. Such numbers are used for tax administration purposes and as necessary pursuant to Education Law, sec. 663; Social Services Law, sec. 111b and 136a; and Executive Law, sec. 49; and Tax Law, sec 171b, and when the taxpayer gives written authorization to this department for another department, person, agency, or entity to have access, limited or otherwise, to information contained in his or her return.

Notice — Section 1811(b) of the Tax Law provides that any person who, with intent to evade taxation, files a false or fraudulent return, supplies false or fraudulent information, or withholds material information with intent to deceive, shall be guilty of a misdemeanor.

Table A – Tax table — If the amount with respect to which the tax is to be computed is:							
Over	But not over	The tax is:					
\$ 0	\$ 50,000			2% of such amount			
50,000	150,000	\$ 1,000	+	3% of excess over \$ 50,000			
150,000	300,000	4,000	+	4% of excess over 150,000			
300,000	500,000	10,000	+	5% of excess over 300,000			
500,000	700,000	20,000	+	6% of excess over 500,000			
For amounts over \$700,000 refer to instructions TT-86.5-I (3/90) page 10, Table A, or TT-102-I (1/94) page 4, Table A.							
Table B – Unified credit — If the tentative tax is:							
Over But not over		The credit is:					
\$ 0	0 \$ 2,750			the full amount of tax			
2,750 5,000			the amount by which \$5,500 exceeds the tax				
5,000			\$500				