This form is to be used only for estates of decedents who died on or after June 8, 1982 and before January 1, 2005. The return is due and the estate tax is payable nine months after the date of death. ( ) Original ( ) Amended	**CALIFORNIA ESTATE TAX RETURN** STATE CONTROLLER'S OFFICE LOCAL GOVERNMENT PROGRAMS AND SERVICES DIVISION BUREAU OF TAX ADMINISTRATION AND GOVERMENT COMPENSATION P.O. BOX 942850 SACRAMENTO, CA 94250-5880	DO NOT USE THIS SPACE

Decedent's Name (First, Middle, Last)			Date of Death
County of Probate (enter N/A if no probate)		Probate Case No. (enter N/A if no probate)	Decedent's Social Security No.
Domicile at Date of Death (City, County, and State or Country) Attach Form IT-2, if domicile claimed is *other than* California.			
Name of Representative(s) or Person(s) Filing Return (Executor)		Name of Preparer	
Address		Address	
Telephone No.	Social Security No.	Telephone No.	Social Security No.

A COPY OF THE FEDERAL ESTATE TAX RETURN, FORM 706, *MUST* BE FILED WITH THIS RETURN

An extension to file the Federal Estate Tax Return has not _____ has _____ been granted until (date) _____.
A true copy of the *approved* federal extension *must* be attached to qualify for a concurrent California extension.

COMPUTATION OF TAX:

1. Total state death tax credit allowable for federal estate tax purposes (see instructions for line 1 on reverse)	**1**	
2. Proration of federal estate tax state death tax credit (complete only if there is property located in states other than California)		
a. Gross value for federal estate tax purposes of property located in California (see instructions for line 2(a) on reverse)	**2(a)**	
b. Gross value of decedent's estate for federal estate tax purposes (IRS Form 706, page 1, line 1)	**2(b)**	
c. Percent of estate for federal estate tax purposes located in California [line 2(a) divided by line 2(b)]	**2(c)**	0.00%
3. Tax payable to California (line 1 multiplied by line 2(c), or the amount from line 1 if no entry on line 2)	**3**	
4. Late filing penalty (5% of line 3 for each month or part thereof from delinquent date of return to date of filing, up to the maximum of 25%)	**4**	
5. Interest due on amount on line 3 from due date of return (nine months after the date of death) to date of payment (see instructions for line 5 on reverse)	**5**	
6. Total tax, penalty, and interest due (total of lines 3, 4, and 5)	6	
7. Prior payments (explain in an attached statement)	**7**	
8. Refund due (if line 7 is greater than line 6, subtract line 6 from 7)	**8**	
9. Balance due (if line 6 is greater than line 7, subtract line 7 from 6)	**9**	

PLEASE ATTACH CHECK HERE

MAKE REMITTANCE PAYABLE TO THE CALIFORNIA STATE TREASURER, ATTACH TO THIS RETURN AND MAIL TO STATE CONTROLLER'S OFFICE, DEPARTMENTAL ACCOUNTING AT: P. O. BOX 942850, SACRAMENTO, CA 94250-0001.

Under penalty of perjury, I declare that I have examined this return, including accompanying attachments and statements, and to the best of my knowledge and belief it is true, correct, and complete. (A declaration of a preparer other than the executor is based on all information of which the preparer has any knowledge.)

Signature(s) of Executor(s)	Date	Signature of Preparer Other than Executor	Date