

This return is required to be filed on or before the final filing date for the Federal Generation-Skipping Transfer Tax Return, Form 706GS(D).	CALIFORNIA GENERATION-SKIPPING TRANSFER TAX RETURN For Distribution STATE CONTROLLER'S OFFICE LOCAL GOVERNMENT PROGRAMS AND SERVICES DIVISION BUREAU OF TAX ADMINISTRATION AND GOVERNMENT COMPENSATION P. O. BOX 942850 SACRAMENTO, CA 94250-5880	DO NOT USE THIS SPACE
Calendar Year: _____		

Name of Skip-Person Distributee (First, Middle, Last)	Social Security No. of Distributee
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Domicile of Deemed Transferor (City, County, and State or Country) Attach Form IT-2 if domicile claimed is <i>other than</i> California.	Employer ID No. of Trust Distributee
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Name and Acting Capacity of Person Filing Return	Name of Representative or Person Filing Return
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Address	Address
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Telephone No.	Social Security No.	Telephone No.	Social Security No.
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**A COPY OF THE FEDERAL GENERATION-SKIPPING TRANSFER TAX RETURN,
FORM 706GS(D), MUST BE FILED WITH THIS RETURN**

PLEASE ATTACH CHECK HERE	1. Total state generation-skipping transfer tax credit allowable for generation-skipping transfer tax purposes [IRS Form 706GS(D), page 2, Schedule A, line 12]	1	
	2. Proration of the state credit for the federal generation-skipping transfer tax (complete only if there is property located in states other than California):		
	a. Gross value for federal generation-skipping transfer tax purposes of property located in California	2(a)	
	b. Gross value of decedent's property subject to generation-skipping transfer tax for federal purposes [IRS Form 706GS(D), line 3]	2(b)	
	c. Percent of transfers for federal generation-skipping transfer tax purposes located in California [line 2(a) divided by line 2(b)]	2(c)	
	3. Tax payable to California (line 1 multiplied by line 2(c) or amount from line 1 if no entries on line 2)	3	
4. Interest due on amount on line 3 (see instructions for line 4 on reverse)	4		
5. Total tax and interest due (total of lines 3 and 4)	5		

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.)

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Signature of Person Filing Return/Skip-	Date	Signature of Preparer Other than Skip-Person	Date
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