

Form **706**

(Rev. August 2013)

Department of the Treasury
Internal Revenue Service**United States Estate (and Generation-Skipping Transfer)
Tax Return**

► **Estate of a citizen or resident of the United States (see instructions). To be filed for decedents dying after December 31, 2012.**

► **Information about Form 706 and its separate instructions is at www.irs.gov/form706.**

OMB No. 1545-0015

Part 1—Decedent and Executor	1a Decedent's first name and middle initial (and maiden name, if any) JOHN		1b Decedent's last name SIMON		2 Decedent's SSN 015-16-5808	
	3a City, town, or post office; county; state or province; country; and ZIP or foreign postal code. GLEN COVE NY 11542		3b Year domicile established	4 Date of birth 04/25/1922	5 Date of death 06/27/13	
	6a Name of executor (see instructions) CLAUDE A SIMON		6b Executor's address (number and street including apartment or suite no.; city, town, or post office; state or province; country; and ZIP or foreign postal code) and phone no. 71 TONJES RD CALLICOON NY 12723 Phone no.			
	6c Executor's social security number (see instructions) 106-50-1158					
	6d If there are multiple executors, check here <input type="checkbox"/> and attach a list showing the names, addresses, telephone numbers, and SSNs of the additional executors.					
7a Name and location of court where will was probated or estate administered				7b Case number		
8 If decedent died testate, check here <input type="checkbox"/> and attach a certified copy of the will. 9 If you extended the time to file this Form 706, check here <input type="checkbox"/>						
10 If Schedule R-1 is attached, check here <input type="checkbox"/>			11 If you are estimating the value of assets included in the gross estate on line 1 pursuant to the special rule of Reg. section 20.2010-2T(a) (7)(ii), check here <input type="checkbox"/>			
Part 2—Tax Computation	1 Total gross estate less exclusion (from Part 5—Recapitulation, item 13)				1	983,425
	2 Tentative total allowable deductions (from Part 5—Recapitulation, item 24)				2	
	3a Tentative taxable estate (subtract line 2 from line 1)				3a	983,425
	b State death tax deduction				3b	
	c Taxable estate (subtract line 3b from line 3a)				3c	983,425
	4 Adjusted taxable gifts (see instructions)				4	
	5 Add lines 3c and 4				5	983,425
	6 Tentative tax on the amount on line 5 from Table A in the instructions				6	339,336
	7 Total gift tax paid or payable (see instructions)				7	
	8 Gross estate tax (subtract line 7 from line 6)				8	339,336
	9a Basic exclusion amount		9a	5,250,000		
	9b Deceased spousal unused exclusion (DSUE) amount from predeceased spouse(s), if any (from Section D, Part 6-Portability of Deceased Spousal Unused Exclusion)		9b			
	9c Applicable exclusion amount (add lines 9a and 9b)		9c	5,250,000		
	9d Applicable credit amount (tentative tax on the amount in 9c from Table A in the instructions)		9d	2,045,800		
	10 Adjustment to applicable credit amount (May not exceed \$6,000. See instructions.)		10	0		
	11 Allowable applicable credit amount (subtract line 10 from line 9d)				11	2,045,800
	12 Subtract line 11 from line 8 (but do not enter less than zero)				12	
	13 Credit for foreign death taxes (from Schedule P). (Attach Form(s) 706-CE.) ..		13			
	14 Credit for tax on prior transfers (from Schedule Q)		14			
	15 Total credits (add lines 13 and 14)				15	
16 Net estate tax (subtract line 15 from line 12)				16	0	
17 Generation-skipping transfer (GST) taxes payable (from Schedule R, Part 2, line 10)				17		
18 Total transfer taxes (add lines 16 and 17)				18	0	
19 Prior payments (explain in an attached statement)				19		
20 Balance due (or overpayment) (subtract line 19 from line 18)				20	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge.

Sign Here	CLAUDE A SIMON	04/10/15			
	Signature of executor	Date			
	Signature of executor	Date			
Paid Preparer Use Only	Print/Type preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 04/10/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01396073
	Firm's name ► Cohn & Langer, CPAs			Firm's EIN ► 45-4014297	
	Firm's address ► 18 Blanche St Plainview, NY 11803-4607			Phone no. 516-702-3002	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **706** (Rev. 8-2013)

Form 706 (Rev. 8-2013)

Estate of: JOHN SIMON	Decedent's social security number 015-16-5808
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Part 3—Elections by the Executor

Note. For information on electing portability of the decedent's DSUE amount, including how to opt out of the election, see Part 6—Portability of Deceased Spousal Unused Exclusion.

Note. Some of the following elections may require the posting of bonds or liens.

Please check "Yes" or "No" box for each question (see instructions).

		Yes	No
1 Do you elect alternate valuation?	1		X
2 Do you elect special-use valuation? If "Yes," you must complete and attach Schedule A-1	2		X
3 Do you elect to pay the taxes in installments as described in section 6166? If "Yes," you must attach the additional information described in the instructions. Note. By electing section 6166 installment payments, you may be required to provide security for estate tax deferred under section 6166 and interest in the form of a surety bond or a section 6324A lien.	3		X
4 Do you elect to postpone the part of the taxes due to a reversionary or remainder interest as described in section 6163?	4		X

Part 4—General Information

Note. Please attach the necessary supplemental documents. **You must attach the death certificate.** (See instructions)

Authorization to receive confidential tax information under Reg. section 601.504(b)(2)(i); to act as the estate's representative before the IRS; and to make written or oral presentations on behalf of the estate:

Name of representative (print or type)	State	Address (number, street, and room or suite no., city, state, and ZIP code)
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I declare that I am the ☐ attorney/ ☐ certified public accountant/ ☐ enrolled agent (check the applicable box) for the executor. I am not under suspension or disbarment from practice before the Internal Revenue Service and am qualified to practice in the state shown above.

Signature	CAF number	Date	Telephone number
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1 Death certificate number and issuing authority (attach a copy of the death certificate to this return).

NYS DEPARTMENT OF HEALTH

2 Decedent's business or occupation. If retired, check here ☒ and state decedent's former business or occupation.

EXECUTIVE

3a Marital status of the decedent at time of death:

☒ Married ☐ Widow/widower ☐ Single ☐ Legally separated ☐ Divorced

3b For all prior marriages, list the name and SSN of the former spouse, the date the marriage ended, and whether the marriage ended by annulment, divorce, or death. Attach additional statements of the same size if necessary.

4a Surviving spouse's name	4b Social security number	4c Amount received (see instructions)
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5 Individuals (other than the surviving spouse), trusts, or other estates who receive benefits from the estate (do not include charitable beneficiaries shown in Schedule O) (see instructions).

Name of individual, trust, or estate receiving \$5,000 or more	Identifying number	Relationship to decedent	Amount (see instructions)

All unascertainable beneficiaries and those who receive less than \$5,000

Total 0

If you answer "Yes" to any of the following questions, you must attach additional information as described.

	Yes	No
6 Is the estate filing a protective claim for refund? If "Yes," complete and attach two copies of Schedule PC for each claim.		X
7 Does the gross estate contain any section 2044 property (qualified terminable interest property (QTIP) from a prior gift or estate)? (see instructions)		X
8a Have federal gift tax returns ever been filed? If "Yes," attach copies of the returns, if available, and furnish the following information:		X
b Period(s) covered	c Internal Revenue office(s) where filed	
9a Was there any insurance on the decedent's life that is not included on the return as part of the gross estate?		X
b Did the decedent own any insurance on the life of another that is not included in the gross estate?		X

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Estate of: JOHN SIMON	Decedent's social security number 015-16-5808
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Part 4—General Information (continued)

If you answer "Yes" to any of the following questions, you must attach additional information as described.		Yes	No
10 Did the decedent at the time of death own any property as a joint tenant with right of survivorship in which (a) one or more of the other joint tenants was someone other than the decedent's spouse, and (b) less than the full value of the property is included on the return as part of the gross estate? If "Yes," you must complete and attach Schedule E			X
11a Did the decedent, at the time of death, own any interest in a partnership (for example, a family limited partnership), an unincorporated business, or a limited liability company; or own any stock in an inactive or closely held corporation?			X
b If "Yes," was the value of any interest owned (from above) discounted on this estate tax return? If "Yes," see the instructions on reporting the total accumulated or effective discounts taken on Schedule F or G			X
12 Did the decedent make any transfer described in sections 2035, 2036, 2037, or 2038? (see instructions) If "Yes," you must complete and attach Schedule G			X
13a Were there in existence at the time of the decedent's death any trusts created by the decedent during his or her lifetime?			X
b Were there in existence at the time of the decedent's death any trusts not created by the decedent under which the decedent possessed any power, beneficial interest, or trusteeship?			X
c Was the decedent receiving income from a trust created after October 22, 1986, by a parent or grandparent?			X
If "Yes," was there a GST taxable termination (under section 2612) on the death of the decedent?			X
d If there was a GST taxable termination (under section 2612), attach a statement to explain. Provide a copy of the trust or will creating the trust, and give the name, address, and phone number of the current trustee(s).			
e Did the decedent at any time during his or her lifetime transfer or sell an interest in a partnership, limited liability company, or closely held corporation to a trust described in lines 13a or 13b?			X
If "Yes," provide the EIN for this transferred/sold item. ►			
14 Did the decedent ever possess, exercise, or release any general power of appointment? If "Yes," you must complete and attach Schedule H			X
15 Did the decedent have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?			X
16 Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the instructions for Schedule I or a private annuity? If "Yes," you must complete and attach Schedule I			X
17 Was the decedent ever the beneficiary of a trust for which a deduction was claimed by the estate of a predeceased spouse under section 2056(b)(7) and which is not reported on this return? If "Yes," attach an explanation			X

Part 5—Recapitulation. Note. If estimating the value of one or more assets pursuant to the special rule of Reg. section 20.2010-2T(a)(7)(ii), enter on both lines 10 and 23 the amount noted in the instructions for the corresponding range of values. (See instructions for details.)

Item no.	Gross estate	Alternate value	Value at date of death
1	Schedule A—Real Estate	1	375,000
2	Schedule B—Stocks and Bonds	2	0
3	Schedule C—Mortgages, Notes, and Cash	3	608,425
4	Schedule D—Insurance on the Decedent's Life (attach Form(s) 712)	4	0
5	Schedule E—Jointly Owned Property (attach Form(s) 712 for life insurance)	5	0
6	Schedule F—Other Miscellaneous Property (attach Form(s) 712 for life insurance)	6	0
7	Schedule G—Transfers During Decedent's Life (att. Form(s) 712 for life insurance)	7	0
8	Schedule H—Powers of Appointment	8	0
9	Schedule I—Annuities	9	0
10	Estimated value of assets subject to the special rule of Reg. section 20.2010-2T(a)(7)(ii)	10	0
11	Total gross estate (add items 1 through 10)	11	983,425
12	Schedule U—Qualified Conservation Easement Exclusion	12	0
13	Total gross estate less exclusion (subtract item 12 from item 11). Enter here and on line 1 of Part 2—Tax Computation	13	983,425
Item no.	Deductions	Amount	
14	Schedule J—Funeral Expenses and Expenses Incurred in Administering Property Subject to Claims	14	
15	Schedule K—Debts of the Decedent	15	
16	Schedule K—Mortgages and Liens	16	
17	Total of items 14 through 16	17	0
18	Allowable amount of deductions from item 17 (see the instructions for item 18 of the Recapitulation)	18	0
19	Schedule L—Net Losses During Administration	19	
20	Schedule L—Expenses Incurred in Administering Property Not Subject to Claims	20	
21	Schedule M—Bequests, etc., to Surviving Spouse	21	
22	Schedule O—Charitable, Public, and Similar Gifts and Bequests	22	
23	Estimated value of deductible assets subject to the special rule of Reg. section 20.2010-2T(a)(7)(ii)	23	0
24	Tentative total allowable deductions (add items 18 through 23). Enter here and on line 2 of the Tax Computation	24	0

Estate of: **JOHN SIMON**Decedent's social security number
015-16-5808**Part 6—Portability of Deceased Spousal Unused Exclusion (DSUE)****Portability Election**

A decedent with a surviving spouse elects portability of the deceased spousal unused exclusion (DSUE) amount, if any, by completing and timely-filing this return. No further action is required to elect portability of the DSUE amount to allow the surviving spouse to use the decedent's DSUE amount.

Section A. Opting Out of Portability

The estate of a decedent with a surviving spouse may opt out of electing portability of the DSUE amount. Check here and do not complete Sections B and C of Part 6 only if the estate opts **NOT** to elect portability of the DSUE amount ☐

Section B. QDOT

Yes	No
	X

Are any assets of the estate being transferred to a qualified domestic trust (QDOT)?

If "Yes," the DSUE amount portable to a surviving spouse (calculated in Section C, below) is preliminary and shall be redetermined at the time of the final distribution or other taxable event imposing estate tax under section 2056A. See instructions for more details.

Section C. DSUE Amount Portable to the Surviving Spouse (To be completed by the estate of a decedent making a portability election.)

Complete the following calculation to determine the DSUE amount that can be transferred to the surviving spouse.

1	Enter the amount from line 9c, Part 2—Tax Computation	1	
2	Reserved	2	
3	Enter the value of the cumulative lifetime gifts on which tax was paid or payable (see instructions)	3	
4	Add lines 1 and 3	4	
5	Enter amount from line 10, Part 2—Tax Computation	5	
6	Divide amount on line 5 by 40% (0.40) (do not enter less than zero)	6	
7	Subtract line 6 from line 4	7	
8	Enter the amount from line 5, Part 2—Tax Computation	8	
9	Subtract line 8 from line 7 (do not enter less than zero)	9	
10	DSUE amount portable to surviving spouse (Enter lesser of line 9 or line 9a, Part 2—Tax Computation)	10	

Section D. DSUE Amount Received from Predeceased Spouse(s) (To be completed by the estate of a deceased surviving spouse with DSUE amount from predeceased spouse(s))

Provide the following information to determine the DSUE amount received from deceased spouses.

A Name of Deceased Spouse (dates of death after December 31, 2010, only)	B Date of Death (enter as mm/dd/yy)	C Portability Election Made?		D If "Yes," DSUE Amount Received from Spouse	E DSUE Amount Applied by Decedent to Lifetime Gifts	F Year of Form 709 Reporting Use of DSUE Amount Listed in col E	G Remaining DSUE Amount, if any (subtract col. E from col. D)
		Yes	No				
Part 1 — DSUE RECEIVED FROM LAST DECEASED SPOUSE							
Part 2 — DSUE RECEIVED FROM OTHER PREDECEASED SPOUSE(S) AND USED BY DECEDENT							
Total (for all DSUE amounts from predeceased spouse(s) applied)							

Add the amount from Part 1, column D and the total from Part 2, column E. Enter the result on line 9b, Part 2—Tax Computation

Estate of: JOHN SIMON**Decedent's social security number**
015-16-5808**SCHEDULE A — Real Estate**

- For jointly owned property that must be disclosed on Schedule E, see instructions.
- Real estate that is part of a sole proprietorship should be shown on Schedule F.
- Real estate that is included in the gross estate under sections 2035, 2036, 2037, or 2038 should be shown on Schedule G.
- Real estate that is included in the gross estate under section 2041 should be shown on Schedule H.
- If you elect section 2032A valuation, you must complete Schedule A and Schedule A-1.

Note. If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and the Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions and Reg. section 20.2010-2T (a)(7)(ii) for more information. If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1	HOUSE			375,000
Total from continuation schedules or additional statements attached to this schedule				
TOTAL. (Also enter on Part 5 — Recapitulation, page 3, at item 1.)				375,000

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

Form 706 (Rev. 8-2013)

Estate of: **JOHN SIMON**Decedent's social security number
015-16-5808**SCHEDULE C—Mortgages, Notes, and Cash**

(For jointly owned property that must be disclosed on Schedule E, see instructions.)

Note. If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and the Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions and Reg. section 20.2010-2T (a)(7)(ii) for more information. If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
2	CITIBANK			5,448
3	CAPITAL ONE			46,123
4	MORGAN STANLEY			556,854
Total from continuation schedules (or additional statements) attached to this schedule				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 3.)				608,425

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

DAA **There are no continuation schedules attached****Schedule C—Page 11**

Form 706 (Rev. 8-2013)

Estate of: **JOHN SIMON**Decedent's social security number
015-16-5808**SCHEDULE F—Other Miscellaneous Property Not Reportable Under Any Other Schedule**

(For jointly owned property that must be disclosed on Schedule E, see instructions.)

(If you elect section 2032A valuation, you must complete Schedule F and Schedule A-1.)

Note. If the value of the gross estate, together with the amount of adjusted taxable gifts, is less than the basic exclusion amount and the Form 706 is being filed solely to elect portability of the DSUE amount, consideration should be given as to whether you are required to report the value of assets eligible for the marital or charitable deduction on this schedule. See the instructions and Reg. section 20.2010-2T (a)(7)(ii) for more information.

If you are not required to report the value of an asset, identify the property but make no entries in the last three columns.

1	Did the decedent own any works of art, items, or any collections whose artistic or collectible value at date of death exceeded \$3,000?	Yes	No
	If "Yes," submit full details on this schedule and attach appraisals.		X
2	Has the decedent's estate, spouse, or any other person received (or will receive) any bonus or award as a result of the decedent's employment or death?		X
	If "Yes," submit full details on this schedule.		
3	Did the decedent at the time of death have, or have access to, a safe deposit box?		X
	If "Yes," state location, and if held jointly by decedent and another, state name and relationship of joint depositor.		

If any of the contents of the safe deposit box are omitted from the schedules in this return, explain fully why omitted.

Item number	Description. For securities, give CUSIP number. If trust, partnership, or closely held entity, give EIN	Alternate valuation date	Alternate value	Value at date of death
	CUSIP number or EIN, where applicable			
Total from continuation schedules (or additional statements) attached to this schedule				
TOTAL. (Also enter on Part 5—Recapitulation, page 3, at item 6.)				0

(If more space is needed, attach the continuation schedule from the end of this package or additional statements of the same size.)

DAA **There are no continuation schedules attached****Schedule F—Page 14**

For office use only

New York State Department of Taxation and Finance
2013 New York State Estate Tax Return
 For an estate of an individual who died during the calendar year 2013

ET-706
 Amended return ☐
 Federal audit changes ☐

Decedent's last name SIMON		First name JOHN	Middle initial 	Social security number (SSN) 015-16-5808
Address of decedent at time of death (number and street) 6 EDWARDS LANE			Date of death 06/27/13	If copy of death certificate is attached, mark an X in the box <input checked="" type="checkbox"/>
City GLEN COVE	State NY	ZIP code 11542	County of residence NASSAU	
If the decedent was a nonresident of New York State (NYS) on the date of death, mark an X in the box and attach a completed Form ET-141, New York State Estate Tax Domicile Affidavit. <input type="checkbox"/>				
Employer identification no. (EIN) of the estate 61-6539666		Name and EIN of any trusts created or funded by the will 		
Executor – If you are submitting Letters Testamentary or Letters of Administration with this form, indicate in the box the type of letters. Enter L if regular, LL if limited letters. If you are not submitting letters with this form, enter N. <input checked="" type="checkbox"/> N				
Surrogate's court – If a proceeding for probate or administration has commenced in a surrogate's court in NYS, enter county. <input type="checkbox"/>				

Attorney's or authorized representative's last name SIMON		First name CLAUDE	MI A
In care of (firm's name) 	If POA is attached, mark an X in the box <input type="checkbox"/>	If more than one executor, mark an X in the box (see instr.) <input checked="" type="checkbox"/>	E-mail address of executor
Address of attorney or authorized representative 		Address of executor 71 TONJES RD	
City 	State 	ZIP code 	City CALLICOON
			State NY
			ZIP code 12723
PTIN or SSN of attorney or authorized rep. 	Telephone number 	Social security number of executor 106-50-1158	Telephone number

 If the decedent possessed a cause of action or was a plaintiff in any litigation at the time of death, mark an X in the box and complete Schedule 3 (see Form ET-706-I, Instructions for Form ET-706) ☐
Installment payments of tax for closely held business – Do you elect to pay the tax in installments as described in IRC section 6166 (NYS Tax Law section 997)? If Yes, attach Form ET-415 (see Form ET-706-I) ☐ Yes ☒ No

 If releases of lien are needed, attach Form(s) ET-117 (see Form ET-706-I) and enter the number of counties here ☐
a Is a federal estate tax return (either federal Form 706 or 706-NA) required to be filed with the IRS (see Form ET-706-I)? ☐ Yes ☒ No
Note: You must submit a completed federal estate tax return with this return, even when you are not required to file with the federal Internal Revenue Service.

b Taxable estate for NYS (from Schedule A, line 26, or Schedule B, line 43) ☐ 983,425
c Gross federal estate tax for NYS (from Schedule A, line 31, or Schedule B, line 48) ☐ 339,336

Tax computation	1 NYS credit for state death taxes (from Schedule A, line 36, or Schedule B, line 51) <input type="checkbox"/>	1.	
	2 If there is property outside NYS that is included in the federal gross estate, see instructions; otherwise enter 0 here and on lines 3, 5, 6, and 7, and enter the amount from line 1 on line 8 <input type="checkbox"/>	2.	0
	3 Residents enter amount from Schedule 1, line 14; nonresidents enter amount from Schedule 2, line 19 <input type="checkbox"/>	3.	0
	4 Total gross estate, less exclusion, for NYS (from Schedule A, line 22, or Schedule B, line 39) <input type="checkbox"/>	4.	983,425
	5 Divide line 3 by line 4 (round the result to the fourth decimal place). The result must not be greater than 1.0 <input type="checkbox"/>	5.	0.0000
	6 Multiply the amount on line 1 by the decimal on line 5 (round to nearest cent) <input type="checkbox"/>	6.	
	7 Enter the amount from line 6, if any; otherwise enter 0 <input type="checkbox"/>	7.	0
	8 NYS estate tax (subtract the amount on line 7 from the amount on line 1) <input type="checkbox"/>	8.	0
	9 Prior tax payments to NYS, if any (attach a schedule of dates and amounts) <input type="checkbox"/>	9.	0
	10 If line 9 is less than line 8, subtract line 9 from line 8. This is the amount you owe <input type="checkbox"/>	10.	0
	11 If line 9 is greater than line 8, subtract line 8 from line 9. This is the amount to be refunded to you <input type="checkbox"/>	11.	

If an attorney or authorized representative is listed above, he or she must complete the following declaration.

 I declare that I have agreed to represent the executor(s) for the above estate, that I am authorized to receive tax information regarding the estate, and I am (mark an X in all that apply): ☐ an attorney ☐ a certified public accountant ☐ an enrolled agent

☐ a public accountant enrolled with the NYS Education Department

Signature of attorney or authorized representative 	Date 	E-mail address of attorney
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, I/we, as executor(s) for this estate, authorize the person, if any, named as my/our representative on this return to receive confidential tax information regarding this estate.

Signature of executor 	Date 04/10/15	Signature of co-executor 	Date
Print name of preparer other than executor Arthur Langer CPA	Signature of preparer other than executor Arthur Langer CPA	Preparer's PTIN or SSN P01396073	Preparer's NYTPRIN 00000000
Address of preparer 18 Blanche St Plainview, NY 11803-4607	City 	State 	ZIP code
Date 04/10/15	E-mail address of preparer 		

JOHN SIMON

015-16-5808

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Schedule 1 – Resident

List below each item of real and tangible personal property **located outside NYS** that is included in the federal gross estate. Include the item number, the schedule of federal Form 706 on which it was reported, and the reported value of the property.

Item no.	Description	Value	

12	Total value of property listed above	12.		
13	Property subject to a limited power of appointment created before September 1, 1930, includable in the NYS gross estate under NYS Tax Law section 957, if any (see instructions)	13.		
14	Subtract line 13 from line 12; enter the result here and on line 3	14.		

Schedule 2 – Nonresident

15	Total gross estate for NYS (from Schedule A, line 22, or Schedule B, line 39)	15.		
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List below each item of real and tangible personal property **located within NYS**. Include the item number, the schedule of federal Form 706 or 706-NA on which it was reported, and the reported value of the property.

Item no.	Description	Value	

16	Total value of property listed above	16.		
17	Property subject to a limited power of appointment created before September 1, 1930, includable in the NYS gross estate under NYS Tax Law section 957, if any (see instructions)	17.		
18	Add lines 16 and 17	18.		
19	Subtract line 18 from line 15; enter the result here and on line 3	19.		

Schedule 3 – Description of litigation or cause of action

In the area provided below, describe any litigation in which the decedent was a plaintiff, or litigation that is pending or contemplated on behalf of the decedent. Include the actual or estimated values of such litigation (see instructions, page 3, Litigation information).

JOHN SIMON

015-16-5808

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Before completing Schedule A or B, see instructions.

Schedule A – Computation of federal estate tax for NYS and maximum NYS credit for state death taxes**Note:** References to lines on federal Form 706 are to the August 2013 version of that form, except as noted in Form ET-706-I.

20 Amount from federal Form 706, page 3, Part 5, line 11	20.	983,425	
21 If the estate elected the qualified conservation easement exclusion on the federal estate tax return, you may enter the amount of the qualified conservation easement exclusion claimed on federal Form 706, page 3, Part 5, line 12, provided the land is located within 25 miles of a metropolitan area, national park, or wilderness area, or within 10 miles of an Urban National Forest.	21.		
22 Total gross estate, less exclusion, for NYS (subtract line 21 from line 20; also enter this amount on line 4)	22.	983,425	
23 Total allowable federal deductions (from federal Form 706, page 3, Part 5, line 24)	23.		
24 Family-owned business interest deduction elected for NYS	24.		
25 Total allowable deductions for NYS (add lines 23 and 24)	25.		
26 Taxable estate for NYS (subtract line 25 from line 22; enter here and on item b on the front page of this form)	26.	983,425	
27 Adjusted taxable gifts (from federal Form 706, page 1, Part 2, line 4)	27.		
28 Add lines 26 and 27	28.	983,425	
29 Tentative tax on line 28 amount (from Table A on page 4)	29.	339,336	
30 Total federal gift tax payable (from Form ET-706-I, Line 30 worksheet, line 5)	30.		
31 Gross federal estate tax for NYS (subtract line 30 from line 29; enter here and on item c on the front page of this form)	31.	339,336	
32 Maximum NYS unified credit (see Form ET-706-I; do not enter more than \$345,800)	32.	345,800	
33 Adjustment to unified credit (from federal Form 706, page 1, Part 2, line 10), if any	33.		
34 Allowable NYS unified credit (subtract line 33 from line 32)	34.	345,800	
35 Subtract line 34 from line 31 (if zero or less, enter 0)	35.	0	
36 Amount of maximum NYS credit for state death taxes from Table B on page 4 (if more than the amount on line 35, enter the line 35 amount here and on line 1)	36.	0	

Schedule B – Computation of federal estate tax for NYS and maximum NYS credit for state death taxes**Note:** References to lines on federal Form 706-NA are to the August 2013 version.

37 Amount from federal Form 706-NA, page 2, Schedule B, line 1	37.		
38 If the estate elected the qualified conservation easement exclusion on the federal estate tax return, Form 706-NA, but the land is not located within 25 miles of a metropolitan area, national park, or wilderness area, or within 10 miles of an Urban National Forest, enter the amount from federal Form 706, page 28, Schedule U, line 20.	38.		
39 Total gross estate, less exclusion, for NYS (add lines 37 and 38; enter here and on line 4)	39.		
40 Total federal deductions (from federal Form 706-NA, page 2, Schedule B, line 8)	40.		
41 State death tax deduction (from federal Form 706-NA, page 2, Schedule B, line 7), if any	41.		
42 Total deduction for NYS (subtract line 41 from line 40)	42.		
43 Taxable estate for NYS (subtract line 42 from line 39; enter here and on item b on the front page of this form)	43.		
44 Total taxable gifts (from federal Form 706-NA, page 1, Part II, line 2)	44.		
45 Add lines 43 and 44	45.		
46 Tax on line 45 amount (from Table A on page 4)	46.		
47 Tax on line 44 amount (from Table A on page 4)	47.		
48 Gross federal estate tax for NYS (subtract line 47 from line 46; enter here and on item c on the front page of this form)	48.		
49 Allowable NYS unified credit (see instructions)	49.		
50 Subtract line 49 from line 48 (if zero or less, enter 0)	50.		
51 Amount of maximum NYS credit for state death taxes from Table B on page 4 (if more than the amount on line 50, enter the line 50 amount here and on line 1)	51.		

JOHN SIMON

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Table A – Unified rate schedule					
If the taxable amount is:		the tax is:			
over	but not over				
\$ 0	\$ 10,000	18% of taxable amount			
10,000	20,000	\$ 1,800	plus	20% of amount over	\$ 10,000
20,000	40,000	3,800	plus	22% of amount over	20,000
40,000	60,000	8,200	plus	24% of amount over	40,000
60,000	80,000	13,000	plus	26% of amount over	60,000
80,000	100,000	18,200	plus	28% of amount over	80,000
100,000	150,000	23,800	plus	30% of amount over	100,000
150,000	250,000	38,800	plus	32% of amount over	150,000
250,000	500,000	70,800	plus	34% of amount over	250,000
500,000	750,000	155,800	plus	37% of amount over	500,000
750,000	1,000,000	248,300	plus	39% of amount over	750,000
1,000,000	1,250,000	345,800	plus	41% of amount over	1,000,000
1,250,000	1,500,000	448,300	plus	43% of amount over	1,250,000
1,500,000	2,000,000	555,800	plus	45% of amount over	1,500,000
2,000,000	2,500,000	780,800	plus	49% of amount over	2,000,000
2,500,000	3,000,000	1,025,800	plus	53% of amount over	2,500,000
3,000,000	10,000,000	1,290,800	plus	55% of amount over	3,000,000
10,000,000	17,184,000	5,140,800	plus	60% of amount over	10,000,000
17,184,000	-----	9,451,200	plus	55% of amount over	17,184,000

Table B worksheet Adjusted taxable estate for NYS		
1. Taxable estate for NYS (from Sch. A, line 26, or Sch. B, line 43)	1. _____	
2. Adjustment	2. <u>60,000</u>	
3. Adjusted taxable estate for NYS (subtract line 2 from line 1)	3. _____	
Use this amount to compute maximum credit for state death taxes in Table B.		

Table B – Computation of maximum NYS credit for state death taxes (based on federal adjusted taxable estate for NYS computed using the Table B worksheet)					
If the amount from Table B worksheet, line 3 is:		the credit is:			
over	but not over				
\$ 40,000	\$ 90,000	0.8% of amount over \$ 40,000			
90,000	140,000	\$ 400	plus	1.6% of amount over	90,000
140,000	240,000	1,200	plus	2.4% of amount over	140,000
240,000	440,000	3,600	plus	3.2% of amount over	240,000
440,000	640,000	10,000	plus	4.0% of amount over	440,000
640,000	840,000	18,000	plus	4.8% of amount over	640,000
840,000	1,040,000	27,600	plus	5.6% of amount over	840,000
1,040,000	1,540,000	38,800	plus	6.4% of amount over	1,040,000
1,540,000	2,040,000	70,800	plus	7.2% of amount over	1,540,000
2,040,000	2,540,000	106,800	plus	8.0% of amount over	2,040,000
2,540,000	3,040,000	146,800	plus	8.8% of amount over	2,540,000
3,040,000	3,540,000	190,800	plus	9.6% of amount over	3,040,000
3,540,000	4,040,000	238,800	plus	10.4% of amount over	3,540,000
4,040,000	5,040,000	290,800	plus	11.2% of amount over	4,040,000
5,040,000	6,040,000	402,800	plus	12.0% of amount over	5,040,000
6,040,000	7,040,000	522,800	plus	12.8% of amount over	6,040,000
7,040,000	8,040,000	650,800	plus	13.6% of amount over	7,040,000
8,040,000	9,040,000	786,800	plus	14.4% of amount over	8,040,000
9,040,000	10,040,000	930,800	plus	15.2% of amount over	9,040,000
10,040,000	-----	1,082,800	plus	16.0% of amount over	10,040,000

This return **must be filed within nine months** after the date of death unless an extension of time to file the return has been granted.

Mail your return and payment (if any) to:

**NYS ESTATE TAX
PROCESSING CENTER
PO BOX 15167
ALBANY NY 12212-5167**

If you use a private delivery service, see Private delivery services in the instructions.

Reminders: Sign the front page of this return. If there is an amount due on line 10, make check payable to **Commissioner of Taxation and Finance**. Attach a completed copy of the federal estate tax return along with any accompanying schedules and supplementary information.