NJ Division of Taxation - Transfer Inheritance Tax Application for Extension of Time to File A Return

Decedent's Name				Decede	ent's S.S. No.		
(Last)	(First)	(Middle)				
Date of Death (mm/dd/yy)		Co	ounty of Residence	· · · · · · · · · · · · · · · · · · ·		Testate □	Intestate
Name of Executor/Administra	ator/Heir-at-Law				_Social Security Number:		
Address					_Daytime Phone (_)	
Mailing Address to send all o	correspondence:						
Name				Daytime	Phone ()	· · · · · · · · · · · · · · · · · · ·	
Street				_			
City	State	Zi	ip Code	_			
Extension of time to file:							
Inheritance Tax	Return	Extension I	Requested for	m	onths		
Inheritance Tax returns at 4 months beyond the origextension may be request Director determines that 6	ginal due date. If ted. Extensions b	it is not pos eyond 6 mor	sible to file the returnths from the origina	n within the	4 month extension per	riods, an addi	tional 2 month
Inheritance Tax ultin	nately determined t	o be due fro	m eight months after	r the decede	pay. Interest accruent's date of death in auter generated delinque	ccordance wit	
Under penalties of perjury	, I declare that to t	he best of m	ny knowledge and be	elief, the stat	tements made herein ar	re true and co	rrect.
Executor / Administrator / Heir-at-Law / Estate Representative						Date	
Mail completed form to: State of New Jersey, Division of Taxation, Inheritance & Estate Tax Branch, PO Box 249, Trenton, NJ 08695-0249 Phone: (609) 292-5033							
Exten	SION REQUESTS	WILL NO	T RECEIVE A RE	PLY UNLE	SS THE REQUEST IS	DENIED	
Division Use Only							
The application for the ex	tension of time to f		Approved for the Not Approved Other	period to:			
For the Division:							