



Form M-706NR
**Massachusetts Nonresident
Estate Tax Return and Domicile Affidavit**

Rev. 10/99

**Massachusetts
Department of
Revenue**

To be used only for estates of nonresidents with dates of death on or after January 1, 1997. The filing fee is \$10. ☐ Check if amended return

Decedent's first name and middle initial ▶	Last name ▶	Date of death ▶	Social Security number ▶
Street address of residence or domicile at time of death		City/Town	State Zip
Probate court	Docket number	Check if previously filed: <input type="checkbox"/> Form M-4422 <input type="checkbox"/> Form M-4768 <input type="checkbox"/> Form M-4768A	
Name of executor(s) (see instructions)			Designation
Street address		City/Town	State Zip
Name of attorney(s) representing the estate (if any)			Telephone
Street address		City/Town	State Zip

Computation of Tax for Estate of Nonresident Decedent with Massachusetts Property

Attach a copy of the federal estate tax return, U.S. Form 706, including all schedules and exhibits.

1 Total gross estate, wherever situated, from U.S. Form 706	▶ 1	
2 Credit for state death taxes. Enter maximum allowable amount from U.S. Form 706	▶ 2	
3 Gross value of real estate and tangible personal property in Massachusetts	▶ 3	
Attach a schedule of Massachusetts property or identify on attached U.S. Form 706. Do not deduct the value of any mortgage or lien.		
4 Percentage of estate in Massachusetts. <i>Divide line 3 by line 1</i>	4	%
5 Massachusetts nonresident estate tax. <i>Multiply line 2 by line 4</i>	▶ 5	
6 Amount previously paid (attach any prior filings with payment dates and amounts)	▶ 6	
7 Payments made with extension (attach a copy of Form M-4768 and/or Form M-4768A)	▶ 7	
8 Refund. <i>Subtract line 5 from the total of line 6 and line 7</i>	▶ 8	
9 Balance due. <i>Subtract the total of line 6 and line 7 from line 5.</i> Make check payable to the Commonwealth of Massachusetts	▶ 9	
Add to total in line 9, if applicable: Interest \$ ▶ _____, Penalty \$ ▶ _____		

Power of Attorney

Authorization to receive confidential information under MGL, Ch. 62C, s.21 and Power of Attorney.

I (We) hereby appoint the undersigned nominee, subject to written revocation, as attorney(s)-in-fact to represent the taxpayer before any office of the Massachusetts Department of Revenue (DOR), to receive confidential information and to perform on my (our) behalf the following acts for this estate:
(Strike any of the following that are not granted.)

- To receive, but not to endorse and collect, checks in payment of any refund of Massachusetts taxes, penalties or interest.
- To execute waivers, closing agreements and consents extending the statutory period for assessment or collection of taxes.
- To delegate authority or to substitute another representative.
- Other acts (specify): _____

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above estate to:

Name	Telephone
Street address	City/Town State Zip
Signature of nominee	Date
Signature of executor, administrator, etc.	Date

Declaration. The personal representative of the estate is personally liable for transfers of estate assets before all taxes are paid.

Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature(s) of executor(s), administrator(s), etc.	Date
Signature and address of preparer other than the executor(s), etc.	PTIN or SSN Date

Mail to: **Massachusetts Department of Revenue, Bureau of Desk Audit, Estate Tax Unit, PO Box 7023, Boston, MA 02204.**

Domicile Affidavit

This affidavit must be submitted in nonresident cases. It must be completed and sworn to by the surviving spouse or member of the immediate family of the decedent having personal knowledge of the facts; or, if such spouse or member of the immediate family does not possess such knowledge, then it must be submitted by some person having such personal knowledge. The affidavit must also be sworn to and signed by the executor, administrator or person having actual or constructive possession of the property, if any.

Every question must be answered. Write "not applicable" or "none," if necessary.

Decedent's name	Decedent's Social Security number
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The undersigned, _____, under penalty of perjury, makes the following statements, based on personal knowledge of the facts set forth herein, for the purpose of establishing the place of decedent's domicile at the date of death:

1 a Place where decedent was domiciled at date of death (city and state or country) _____

b Year domicile established _____

2 a Place of decedent's death _____
(Attach copy of death certificate) Home, Hospital, etc. City/Town State

b Place of burial _____

c Residence address at death _____

d Date and place of birth _____

3 What is your relationship to decedent? _____

4 What are the names and residence addresses of decedent's surviving spouse and members of the immediate family including children and parents? If none of the above, list brothers and sisters.

(Attach separate listing if necessary.)

5 Did the decedent leave a will? ☐ Yes ☐ No. If yes, name the court(s) which admitted the will to probate, the docket number, the date admitted and also the court(s) which allowed ancillary administration.

(Attach an attested copy of the will and petition for probate of will listing the heirs at law unless filed previously.)

6 If the decedent did not leave a will, has an administrator of the estate been appointed? ☐ Yes ☐ No. If yes, name each court which appointed an administrator or ancillary administrator and indicate the date of appointment for each.

(Attach an attested copy of the petition for administration listing the heirs at law unless filed previously.)

7 Did the decedent ever live in Massachusetts? ☐ Yes ☐ No. If yes, during what period(s)?

8 Indicate the address, nature of decedent's places of residence (e.g., house rented or owned, apartment, hotel or home of relatives or friends) and lengths of periods outside Massachusetts during the five years preceding death.

9 Indicate the address, nature of decedent's places of residence and lengths of periods in Massachusetts during the five years preceding death.

10 Where and in what years did the decedent vote or register to vote during the five years preceding death?

11 To what state, county or municipality and in what years did the decedent pay a tax on income, real estate, or on intangible property during the last five years?

12 For which taxable year did the decedent last file a Massachusetts income tax return? _____

13 In what office(s) of the Internal Revenue Service did the decedent file his federal income tax returns during the five years preceding death? What was stated therein to be the decedent's residence?

- 14** What was the decedent's occupation in the five years preceding death? _____
Give name and address of employer. If self-employed, indicate same; if in partnership, give the name and address of the firm and the individual partners. If decedent owned a business, give details.

- 15** Did the decedent make application for a passport within the last five years? ☐ Yes ☐ No. If yes, give date(s) and place(s) and home address on application.

- 16** Did the decedent at any time during the five years preceding death execute a will, codicil, trust indenture, deed, mortgage, lease or any other document in which decedent was described as a resident of Massachusetts? ☐ Yes ☐ No. If yes, describe such document and state what residence address(es) were set forth therein.

- 17** Was the decedent a party to any legal proceeding in Massachusetts during the last five years? ☐ Yes ☐ No. If yes, what was the tribunal, date and type of action?

- 18** Did decedent belong to any church, lodge, or other social, fraternal or religious club or organization in Massachusetts? ☐ Yes ☐ No. If yes, give name, address, positions held, membership status, etc.

- 19** Did the decedent maintain a safe-deposit box or bank accounts in Massachusetts at any time during the five years preceding death?
☐ Yes ☐ No. If yes, give name and address of bank(s). Who, other than the decedent, was authorized to open the box or make withdrawals?

- 20** Did the decedent hold a Massachusetts driver's license at any time during the five years preceding death? ☐ Yes ☐ No. If yes, give dates.

- 21** Was an automobile registered in the decedent's name in Massachusetts at any time within five years preceding death? ☐ Yes ☐ No. If yes, give dates.

- 22** Did the decedent undergo medical treatment or examinations, or was the decedent hospitalized in Massachusetts at any time within five years preceding death? ☐ Yes ☐ No. If yes, please furnish names and addresses of the attending physicians and dates admitted or examined.

- 23** Did the decedent within five years prior to death indicate Massachusetts as home or residence on any government, employment, or similar form? ☐ Yes ☐ No. If yes, provide explanation.

- 24** Has question of domicile been raised in any jurisdictions for any purpose, i.e. income tax, in the last five years? ☐ Yes ☐ No. If yes, state where, what facts were disclosed and what decision was reached.

- 25** What other information do you desire to submit in support of the contention that the decedent was not domiciled in Massachusetts at the time of death?

If more space is needed, attach additional sheets of the same size.

Under the penalties of perjury, I declare this affidavit has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Signature of surviving spouse, etc., having personal knowledge of the foregoing

Date

Signature of executor or administrator (or person with actual or constructive possession)

Date