

**New York State Estate Tax Domicile Affidavit****For estates of decedents dying after May 25, 1990****ET-141**
(1/99)**Complete Form ET-141 if it is claimed that the decedent was not domiciled in New York State at the time of death.****The fiduciary (executor or administrator), the surviving spouse or a member of the decedent's immediate family who can provide all the information requested below should complete this affidavit.**Answer **all** questions completely. Attach this form to Form ET-90 or Form ET-85.

Decedent's last name		First	Middle initial	Social security number	
Address of decedent at time of death (<i>number and street</i>)				Date of death	
City, village or post office		County	State	ZIP code	Country of residence
Age at death	Date of birth	Place of birth			

1 If born outside the United States, was the decedent a naturalized citizen of the United States?If **Yes**, enter (below) the name and address of the court where the decedent was naturalized. ☐ **Yes** ☐ **No**

Name and address of court where naturalized

2 Did decedent **ever** live in New York State? ☐ **Yes** ☐ **No** If **Yes**, list periods.

--

3 Did decedent **ever** own, individually or jointly, any interest in real estate located in New York State? ☐ **Yes** ☐ **No** If **Yes**, list addresses and periods below (*attach additional sheets if necessary*).

Periods of time - from/to	Addresses of property
---------------------------	-----------------------

4 Did decedent lease a safe deposit box located in New York State at the time of death? ☐ **Yes** ☐ **No**If **Yes**, complete box below. Also, if **Yes**, has it been inventoried? ☐ **Yes** ☐ **No** If **Yes**, attach copy of inventory.

Name and address of bank where box is located

5 Provide the following information regarding the residences of the decedent during the last five years preceding death (*attach additional sheets if necessary*).

In New York State			Outside New York State		
Period of time from - to	Address	Residence owned - rented other - explain	Period of time from - to	Address	Residence owned - rented other - explain

6 For the five years prior to death, list (1) the Internal Revenue Service Centers and (2) the states or other municipalities where the decedent filed income tax returns *if no income tax returns were filed, enter none*.

Year	Internal Revenue Service Center	State, county, or municipality

Privacy Notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A, and 30-B of the Tax Law; Article 2-E of the General City Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We will also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers will be provided to certain state agencies for research purposes to evaluate the effectiveness of certain employment and training programs.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

7 List the states where the decedent was registered to vote during the last five years preceding death *(list latest year first)*.

Years		State
From	To	
	Date of death	

If decedent did **not** vote in those five years, when did he or she last vote?

Where?

8 List employment or business activities (if any) engaged in by the decedent during the five years preceding the date of death.

In New York State		Outside New York State	
Period of time from - to	Nature of employment or business activities	Period of time from - to	Nature of employment or business activities

9 Was decedent a party to any legal proceedings in New York State during the last five years? ☐ Yes ☐ No If Yes, list courts, dates and types of action.
10 Did decedent have a license to operate a business, profession, motor vehicle, airplane or boat? ☐ Yes ☐ No If Yes, list below.

License number	Type of license	Date of issuance	Name and location of issuing office

11 Did decedent execute any trust indentures, deeds, mortgages or any other documents describing his or her residence during the last five years preceding death? ☐ Yes ☐ No If Yes, attach copy.**12** Was the decedent a member of any church, club or organization? ☐ Yes ☐ No
If Yes give name, address and other details. *(Attach additional sheets if necessary.)*

13 What other information do you wish to submit in support of the contention that the decedent was not domiciled in New York State at the time of death? *(Attach additional sheets if necessary.)*

Applicant's last name	First	Middle initial	Relationship to decedent
Address <i>(number and street)</i>			Connection with estate
City, village or post office		State	ZIP code

The undersigned states that this affidavit is made to induce the Commissioner of the Department of Taxation and Finance of the State of New York to determine domicile, and that the answers herein contained to the foregoing questions are each and every one of them true in every particular.

Signature of applicant _____

Notary Public, Commissioner of Deeds or Authorized New York State
Department of Taxation and Finance employee (no seal required)

Sworn before me this _____ day of _____ 19 _____

Signature _____