

PC-3.7

State Tax Certificate
formerly SW-65
R.I.G.L. 44-23-6

This form notifies the Tax Administrator of the name and address of the Executor, Administrator or Trustee appointed. This form also notifies the Tax Administrator of the amount of the bond required by the court.

Within 30 days after the granting of letters testamentary or letters of administration upon any estate:

The Probate Clerk:

- Prepares Form **PC-3.7** in duplicate.
- Sends original to:
Rhode Island Division of Taxation
Inheritance Tax Section
One Capitol Hill
Providence, Rhode Island 02908
- Keeps duplicate form with State papers.
- Furnishes upon request certified copies of documents and other information from the records and files in regards to an estate as the Tax Administrator may from time to time require.



State of Rhode Island and Providence Plantations

PROBATE COURT OF THE
City/Town
STATE TAX CERTIFICATE

Estate Number _____ Certificate _____

Estate of _____

Late of _____
City/Town

Died on _____ (Check one) testate intestate
Date

Here follows the name and address of the (Check one) Administrator(s) Executor(s)

Name

No. Street

City State ZIP

Name

No. Street

City State ZIP

and the attorney

Name

No. Street

City State ZIP

Date of appointment: _____

Bond: _____ with surety without surety

Agent:

Name

No. Street

City State ZIP

Attest: _____

Clerk