For office use only

Department of Taxation and Finance

New York State Estate Tax Certification

For an estate of an individual whose date of death is on or after January 1, 2019

ET-85 (2/24)

Decedent's last name	First name	Middle initial	Social Security number (SSN)

Address of decedent at time of death *(number and street)*	Date of death	Mark an ***X*** if copy of death certificate is attached (see instr.) ☐

City	State	ZIP code	County of residence

If the decedent was a nonresident of New York State on the date of death, mark an ***X*** in this box and attach a completed Form ET-141, *New York State Estate Tax Domicile Affidavit* ..... ☐

Power of Attorney – Mark an ***X*** in the box if Form ET-14, *Estate Tax Power of Attorney*, is **attached** *(see instructions)* ☐
If Form ET-14 was previously provided, indicate which form it was attached to and the date it was submitted:
Form _____ Date _____

Executor – If you are submitting *Letters Testamentary* or *Letters of Administration* with this form, indicate in this box the type of letters. Enter ***L*** if regular, ***LL*** if limited letters. If you are not submitting letters with this form, enter ***N***..... ☐

Attorney's or authorized representative's last name	First name	MI	Executor's *(for definition, see instr.)* last name	First name	MI

In care of *(firm's name)*	If more than one executor, mark an ***X*** in the box *(see instr.)* ☐

Address of attorney or authorized representative	Address of executor

City	State	ZIP code	City	State	ZIP code

SSN or PTIN of attorney or authorized rep.	Telephone number	Social Security number of executor	Telephone number

Email address of attorney or authorized representative	Email address of executor

Estimated net estate *(including jointly held assets)*

1	Real property	**1**	
2	Bank deposits, mortgages, notes and cash	**2**	
3	Stocks and bonds	**3**	
4	Life insurance	**4**	
5	Annuities	**5**	
6	Retirement benefits	**6**	
7	Miscellaneous assets *(such as cars, boats, and coin collections)*	**7**	
8	Taxable gifts *(see instructions)*	**8**	
9	Includible QTIP Property *(see instr.)* ..	**9**	
10	Estimated litigation awards *(see instr.)*	**10**	
11	Add lines 1 through 10.....	**11**	
12	Estimated deductions	**12**	
13	Estimated net estate *(subtract line 12 from line 11)*	**13**	

Were releases of lien previously issued? ..... Yes ☐ No ☐

If *Yes*, give date of issuance *(mm-dd-yyyy)*. _____

Was the decedent a member of a partnership? .....Yes ☐ No ☐

Did the decedent have a surviving spouse?.....Yes ☐ No ☐

If the decedent was a nonresident of New York State, does the estate include real property or tangible personal property having an actual situs in New York State?.....Yes ☐ No ☐

Mark an *X* in the box below if a release of lien is requested.

☐ **Releases of lien are requested –** Submit a separate Form ET-117, *Release of Lien of Estate Tax*, for each county, cooperative housing corporation, and purchaser *(see instructions)*. A release of lien is not required if the property was held jointly by the decedent and the surviving spouse as the only joint tenants. There is no fee for a release of lien.

If releases of lien are required, enter the total number of counties here..... ☐

Executor or applicant, be sure to sign this return on page 2.

If an attorney or authorized representative is listed on this return, they 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 boxes that apply)*:

☐ an attorney ☐ a certified public accountant ☐ an enrolled agent

☐ a public accountant enrolled with the New York State Education Department

Signature of attorney or authorized representative	Date

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Certification: The undersigned states that they are the duly appointed executor or administrator, or a beneficiary or person having an interest in the above named estate for which no executor or administrator has been appointed and agrees to provide written evidence of such interest or authority upon request. The undersigned further states that they have a thorough knowledge of the decedent's assets. This certification estimates the assets of the decedent's estate, and the answers to the above questions are each and every one of them true in every particular. The certification is made to induce the Commissioner of Taxation and Finance to give a release of lien required by the Tax Law.

Signature of executor/applicant

State of _____, County of _____,

Sworn to before me this _____ day

of _____, _____

Signature of Notary Public, Commissioner of Deeds, or authorized New York State Department of Taxation and Finance employee ***(affix stamp below)***

Mark an ***X*** in the applicable box:

☐ Attorney ☐ Court appointed Executor

☐ Power of Attorney ☐ Other (specify role) _____

Mail to: **NYS ESTATE TAX, PROCESSING CENTER, PO BOX 15167, ALBANY NY 12212-5167.**

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