

2019 Form OR-DECD-TAX

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(Rev. 08-02-19, ver. 01)

Oregon Department of Revenue



Office use only
Date received

Final Tax and Discharge of a Decedent's Estate

Submit original form—do not submit photocopy

Important: Mail this form **separately** from your tax return.

Oregon probate number (if probated)		County of probate		Federal employer identification number (FEIN)	
Decedent's first name		Initial	Last name	Date of death	Social Security number (SSN)
Spouse's first name		Initial	Last name	Date of death (if spouse is deceased)	Spouse's SSN
Decedent's last permanent address			City	State	ZIP code
Personal representative's first name		Initial	Last name	Personal representative's daytime phone	
Personal representative's current address			City	State	ZIP code

Check this box for: Final tax of a decedent's estate

I certify that I represent the estate named above. I elect a final tax determination for the income tax returns and years listed below that have been filed during the period of estate administration [Oregon Revised Statute (ORS) 316.387]. A copy of the inventory of probated and nonprobated assets of the decedent's gross estate is included with the decedent's final return, first fiduciary return, or with this election form if a return is not required to be filed.

I understand the department may issue a notice of deficiency, within 18 months after the filing of this election (ORS 305.265). I further understand that if the department fails to issue a notice of deficiency within the 18 month period, the statute of limitations for the returns covered by this election will expire, unless the department finds that: (a) gross income equal to 25 percent or more of the gross income reported has been omitted from a return; (b) false or fraudulent returns were filed; (c) no returns were filed, but returns were required to be filed; or (d) if the department receives a correction to the decedent's or decedent's estate income tax from the Commissioner of the Internal Revenue Service.

I understand the department won't reply to this election, except by issuing a notice of deficiency, and that I may choose to close the estate administration at the earliest date allowed, even though the period for issuing a notice of deficiency hasn't expired. I also understand that if the estate is closed and the assets distributed prior to the expiration of the time for giving a notice of deficiency, and the department then issues a notice of deficiency, the transferees of the estate's money or property are liable for the tax liability.

Check this box for: Discharge of a decedent's estate

I hereby apply for a discharge from personal liability for tax on income of the above named decedent (ORS 316.387). I certify that I represent the decedent in a fiduciary capacity as personal representative, administrator, trustee, or other fiduciary title. **I have included a copy of the document showing my appointment.**

I understand that this discharge becomes effective:

- After the filing of the decedent's final tax return or any tax returns required to be filed, **and** the payment of any tax of which I am notified; **or**
- Nine months after receipt of this application by the Oregon Department of Revenue, **and** during which time no notification of tax liability is made.

I understand that a discharge doesn't discharge me from liability to the extent that assets of the decedent's estate are still in my possession or control (ORS 316.387).

These requests are for the following tax returns, check the box or boxes that apply, and enter the tax year(s):

Individual income tax: For tax year(s) _____

Fiduciary income tax: For tax year(s) _____

Signature of personal representative (representative must sign to validate authorization)	Date
X	/ /

Mail completed application to: **Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910.**