

**INH
304**



**TENNESSEE DEPARTMENT OF REVENUE
APPLICATION FOR EXTENSION OF TIME TO FILE
INHERITANCE TAX RETURN**

Date of Death _____	County of TN Probate _____	_____-_____-_____ DECEDENT'S SOCIAL SECURITY NUMBER
Decedent's Name _____ Representative's Name _____ Address _____ _____ _____		<p>In order to obtain an extension to file Inheritance Tax Return, you must file this application on or before the statutory due date [nine (9) months after date of death of decedent].</p> <p>Make your check payable to the Tennessee Department of Revenue and mail to: Tennessee Department of Revenue Andrew Jackson State Office Building 500 Deaderick Street Nashville, Tennessee 37242</p> <p>For assistance, you may call in-state toll free 1-800-342-1003 or (615) 253-0600.</p>

REMINDERS

1. This application must be made on or before the statutory due date: [Nine (9) months after date of death of decedent].
2. Application for extension of time to file the Inheritance Tax Return may not exceed twelve (12) months from the original due date.
3. If an estimated payment is made with this request, please enter remittance amount in the bottom portion.
4. No penalty will attach when a return is filed within the extension period granted.
5. Interest at the current rate will accrue from the original due date to any taxes remaining due when the return is filed.

REMITTANCE AMOUNT: _____

KEEP UPPER PORTION FOR YOUR RECORDS
▼ RETURN COPY BELOW - DETACH HERE ▼

**INH
304**

TENNESSEE DEPARTMENT OF REVENUE
Application for Extension of Time to File Inheritance Tax Return

Date of Death: _____
Decedent's Name: _____
SSN: _____
Representative's Name: _____
Address: _____

Requested Extension of Time to: _____

County of TN Probate: _____

Remittance Amount: \$ _____

FOR OFFICE USE ONLY	
Acct. # _____	_____
Date Rec'd. _____	_____

<small>Under the penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct and complete.</small>	
Representative's Signature _____	Date _____
Preparer's Signature _____	Date _____
Address _____	Phone _____
_____	_____