Department of the Treasury Internal Revenue Service

Allocation of Increase in Basis for Property

Acquired From a Decedent
File separately. Do NOT file with Form 1040. See below for filing address.

OMB No. 1545-XXXX

To be filed for decedents dying after December 31, 2009, and before January 1, 2011.

ř	1a	Decedent's first name and middle initial (and maiden name, if any)		1b Decedent's last name		2 Decedent's Social Security No.		
and Executor								
Exe	3a	County, state, and ZIP code, or foreign country, of legal residence (domicile) at time of death			Year domicile established 4 Date of birth		5 Date of death	
pu								
nt a				6b	Executor's address (number and	street includi	ng apartment or suite number; city,	
Part 1—Decedent					town, or post office; state; and Z	iP code) and	pnone number	
Dec	6a	Name of executor (see instructions)						
Ţ								
art	6с	Executor's social security number (see instructions)					/	
_							Phone no. ( )	
	7	Marital status of the decedent at time of	death:					
		☐ Married		1/1				
	☐ Widow or widower—Name, SSN, and date of death of deceased spouse ▶							
Single								
		Legally separated						
		Divorced—Date divorce decree beca						
	8a	Surviving spouse's name	8	3b	Social security number	8c Value of	property acquired (see instructions)	
_								
2—Basis Allocation Computation	9	Individuals (other than the surviving spous		or				
outs		Name of individual, trust, estate, or other entity			Taxpayer identification number		Value of property acquired (see instructions)	
mc							, , , , , , , , , , , , , , , , , , , ,	
ŏ								
tion								
cat								
Allo								
sis								
Bas							10	
2	10						10	
Part	11						11	
۵	12							
	13	Unadjusted aggregate basis increase. For non-resident alien decedents, enter \$60,000. All others, enter				13		
		\$1,300,000				14		
	14	Aggregate basis increase. Add lines 10 t			15			
	15	, , , , , , , , , , , , , , , , , , , ,					16	
	16						17	
	17						18	
	18						19	
	19 20	20 Subtract line 19 from line 18					20	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best								
		e and belief, it is true, correct, and comple						
		nowledge.			•			
	Sign	Signature of executor Date						
- 1	Here							
		Signature of executor			Date			
		Print/Type preparer's name	Preparer's signatu	ire	Date	O.L.	PTIN	
Pai						I	k  if  employed	
Preparer Use Only		Lirm's name			I		s EIN ▶	
		Firm's address ▶ Phon						
Sen	d For	m 8939 (including accompanying schedu	les and statement	ts)	to: Internal Revenue Service. I			
		m 6939 (including accompanying scriedu vington, KY 41011	ico and statement	i3)	to. Internal nevertue Service, I	-siai€ & GII	t otop ozad, zu i w. nivercente	