

OMB No. 1545-0015

Decedent's social security number

- Enter the letter of the Form 706 schedule you're continuing: _____ Enter the line number of the Form 706 schedule you're continuing: _____

[illegible]

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DRAFT – DO NOT FILE

DRAFT – DO NOT FILE

Version A, Cycle 6

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Item number	Description	CUSIP number or EIN	Character of institution (Sch. O only), or expense amount	Unit value	Percentage includible (Sch. E, Part II only)	Alternate valuation date	Alternate value	Value at date of death or amount deductible
Total. Add all amounts, as applicable. Carry forward to the main schedule								

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DRAFT – DO NOT FILE