Government of the 2025 FR-147 SUB Statement of District of Columbia Person Claiming Refund Due a Deceased Taxpayer SOFTWARE DEVELOPER USE Vendor ID# 9999 Personal information Deceased's First name M.I. Last name XXXXXXXXXXXXXXX Deceased's taxpayer identification number (TIN) Date of death (MMDDYYYY) 999999999 99999999 Name of person claiming the refund (First name) Last name M.I. XXXXXXXXXXXXXX X Home address of person claiming the refund (number, street and suite/apartment number if applicable) State Zip code +4 XX 99999999 Statement of Claimant Your relationship to the deceased X Spouse/registered domestic partner X Administrator X Executor Fill in only one: X Other Specify XNoDid the deceased leave a will? XYes X Yes X No Has an executor or administrator been appointed for the estate? XYes XNoIf **no**, will one be appointed? XNo X Yes Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? If no, a refund cannot be made until you submit a court certificate showing your appointment as a personal representative or other evidence that you are entitled, under DC law, to receive the refund. If other than the deceased, who paid deceased's 2025 DC income tax? Name Claimant's TIN 99999999 Relationship to deceased Signature I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct. Signatureof person claiming refund Date 999999999 Telephone number

Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death. If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.

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