





DECEDENT INFORMATION						ESTATE INFORMATION			
TAXPAYER I	ID		DATE OF DE	ATH		TAXPAYER ID			
FIRST NAME	_	M.I.	LAST NAME	_		ESTATE NAME	_		
ADDRESS						ADDRESS			_
CITY			STATE	ZIP CODE		CITY	STAT	TE ZIP COI	DE
PART	CHECK THE BOX THAT APPLIES TO YOU (CHECK ONLY ONE BOX). MAKE SURE TO SIGN AND DATE IN PART 3 BELOW  A. Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.  B. Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.								
PART 2	COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE  1. Did the decedent leave a will?							YES	NO
	2a. Has a personal representative been appointed by a court for the estate of the decedent?								
	2b. If "NO", will one be appointed? If 2a or 2b is answered "YES", the personal representative must file for the refund.								
	3. As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?								
	If the answer to ques personal representat		"No", a refun	nd cannot be m	ade until y	ou submit a court certificate s	showing your appointm	ent as	
PART  3	SIGNATURE AND VERIFICATION (All filers must complete this part)  I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.								
					曲 DATE				

 $\ensuremath{\mathscr{Q}}$  Form to be submitted with the tax return seeking the refund.

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