Michigan Department of Treasury			+
11 (Rev. 09-23)			
Claim for Refund Due a Decea	sed Tax	ayer MI-1310	
Issued under authority of Public Act 281 of 1967.			-
You must file this form to claim a refund that is			\parallel
		use filing a joint return, do not file this form . If you are r	
.		cuments identified below with your MI-1040 return or clude the requested documents as attachments, when applic	- 1 - 1
Type or print in blue or black ink.	mow you to t		1010
THIS FORM MUS	T BE CO	PLETED AND SIGNED BEFORE	4
THE REFUND) CAN BE	SSUED TO THE CLAIMANT.	++
Date Tax Year Began (MM-DD-YYYY)		Date Tax Year Ended (MM-DD-YYYY)	Ħ
DECEASED		CLAIMANT	Ħ
Name of Deceased		Name of Claimant	$\dagger\dagger$
Date of Death (MM-DD-YYYY) Full Social Security No. (Exa	imple: 123-45-67	vvnen you tile a Michigan income tax return or credit for a	
		deceased taxpayer, use your address, not the deceased's	Щ
Home Address at Time of Death (No., Street or P.O. Box)		Your Address (No., Street or P.O. Box)	-
			Ш
Citý or Town, State, ZIP Code		City or Town, State, ZIP Code	
		<u>. I</u> I	4
Are you the court-appointed personal	Yes.	Include a copy of the court certificate (Letters of Authorit	
representative for the estate?		etc.) verifying your appointment. DO NOT include the wi	II,
		power of attorney or conservator/guardianship papers.	
	No.	Go to line 2 if you did not petition the court for legal docume	ents
2. Will you or someone else petition the	Yes.	A refund cannot be issued until you submit a court certifica	e
court for Letters of Authority, etc.?		showing your appointment as personal representative	
		other evidence that you are entitled, under state law, receive the refund.	.0
			-
	No.	Go to line 3.	
3. Do you certify that you will distribute the	Yes.	Include an authentic copy of the death certificate.	
refund according to the law of the state	i es.		4
where the deceased was a resident?			
	□ No.	Refund cannot be paid to claimant.	
CERTIFICATION AND SIGNATURE	المالم مالم		
request a retund of taxes overpaid or credit of examined this claim, and to the best of my kn		of the deceased. I declare under penalty of perjury that I hat true and complete.	ıve
Signature of Claimant		Daytime Telephone Number Date	H
			-
			#
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