



REQUEST FOR REFUND DUE FOR A DECEASED TAXPAYER

PRINT OR TYPE

MMDDYYYY

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Tax Period Begin Date:

Tax Period End Date:

Name of Decedent

Date of Death (MMDDYYYY)

Taxpayer Identification Number

Number & Street Address (*Permanent or Domicile on the date of death*)

City / Town

State

Zip Code + 4 (*or Canadian Postal Code*)

Name of Claimant

Claimant Number & Street Address

City / Town

State

Zip Code + 4 (*or Canadian Postal Code*)

I am filing this statement as (check only one box):

- A. Surviving spouse, claiming a refund based on a joint return **OR** received a joint refund check but are requesting a new check in your name only. Attach a copy of the death certificate.
- B. Administrator or executor. Attach a court certificate showing your appointment and a copy of the death certificate.
- C. Trustee of the trust. Attach a copy of the certificate of trust, a copy of the trust, and a copy of the death certificate. The return requesting the refund must have been filed in the name of a trust for the refund to belong to that trust, or you must produce a court order or other evidence that the refund belongs to the trust.
- D. Person, other than A, B, or C. Complete questions below.

1. Did the decedent leave a will? Yes No

2a. Has a court appointed a personal representative for the estate of the decedent? Yes No

2b. If you answered "No" to question 2a, will one be appointed? Yes No

If you answered "Yes" to question 2a or 2b, 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? Yes No

If you answered "No" to question 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.

SIGNATURE AND VERIFICATION

I hereby make request for refund of taxes overpaid by or on behalf of the decedent and declare, under penalties of perjury, that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature (in ink) of Claimant

Today's Date (MMDDYYYY)