

Attach completed schedule to decedent's return

Form with fields for NAME OF DECEDENT, NAME OF CLAIMANT, DATE OF DEATH, SOCIAL SECURITY NUMBER, ADDRESS, CITY, STATE, ZIP CODE.

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

- A. Surviving wife or husband, claiming a refund based on a joint return
B. Administrator or executor. Attach a court certificate showing your appointment
C. Claimant for the estate of the decedent, other than above. Complete the rest of this schedule and attach a copy of the death certificate or proof of death*

ATTACH A LIST TO THIS SCHEDULE CONTAINING THE NAME AND ADDRESS OF THE SURVIVING SPOUSE AND CHILDREN OF THE DECEDENT.

TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED

Form with questions 1, 2(a), 2(b), and 3 regarding will, administrator, and disbursement of refund, with YES/NO columns.

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 of claimant _____ Date _____

*May be the original of an authentic copy of a telegram or letter from the Division of Defense notifying the next of kin of death while in active service, or a death certificate issued by the appropriate officer of the Division of Defense.

