Form IT-140						<u>202</u>	
ttach completed schedule	e to decedent's retu	urn					
NAME OF DECEDENT			NAME OF CLAIMANT				
DATE OF DEATH	SOCIAL SECURIT NUMBER	ſY	SOCIAL SECURITY NUMBER				
ADDRESS (permanent residence or domicile at date of death)			ADDRESS				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP		
am filing this statement	as (check only o	ne box):					
A. Surviving wife or hu	sband, claiming a	refund based on a jo	bint return		ATTACH A LIST TO THIS SCHED- ULE CONTAINING THE NAME AND ADDRESS OF THE SURVIV- ING SPOUSE AND CHILDREN OF THE DECEDENT.		
		urt certificate showin		11			
C. Claimant for the est a copy of the death	certificate or proof	f of death*	Complete the rest of this sche				
	TO BE	COMPLETED	ONLY IF BOX C ABO	E IS CHECKE	D	YE	ES NO
1. Did the decedent lea	ve a will?						1
2(a) Has an administrator	or executor been	appointed for the es	tate of the decedent?				
If 2(a) or 2(b) is che Will you, as the claim was domiciled or mai If "NO", payment of	cked "YES", do n nant for the estate intained a permane this claim will be	not file this form. The of the decedent, distent residence?	ne administrator or executor ourse the refund according to submission of proof of you under state law to receive pa	r should file for the the laws of the state r appointment as ac	in which the dece		
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