Schedule F
Form IT-140 W

STATEMENT OF CLAIMANT TO REFUND DUE DECEASED TAXPAYER

2025

Attach completed schedule to decedent's return

NAME OF DECEDENT		NAME OF CLAIMANT	
DATE OF DEATH	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	
ADDRESS *(permanent residence or domicile at date of death)*		ADDRESS	
CITY / STATE / ZIP CODE		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

TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED

	YES	NO
1. Did the decedent leave a will?	☐	☐
2(a). Has an administrator or executor been appointed for the estate of the decedent?	☐	☐
2(b) If "NO" will one be appointed?	☐	☐

If 2(a) or 2(b) is checked "YES", do not file this form. The administrator or executor should file for the refund.

3. Will you, as the claimant for the estate of the decedent, disburse the refund according to the laws of the state in which the decedent was domiciled or maintained a permanent residence?	☐	☐

If "NO", payment of this claim will be withheld pending submission of proof of your appointment as administrator or executor or other evidence showing that you are authorized under state law to receive payment.

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 _____

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