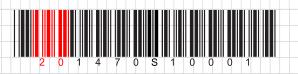
Government of the

FR-147 SUB Statement of Person Claiming

Person Claiming Refund Due a Deceased Taxpayer



SOFTWARE DEVELOPER USE
Vendor ID# 1234

Sanahand's First name		
Deceased's First name	M.I.	Last name
XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deceased's taxpayer identification number (TIN) Date of death (MM	IDDYYYY)	
999999999999999999999999999999999999999	9	
Name of person claiming the refund (First name)	M.I.	Last name
XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Home address of person claiming the refund (number, street and suite 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	umber if applicable) State Zip code +4 XX 9999999999999999999999999999999999
Statement of Claimant 'our relationship to the deceased Fill in only one: XSpouse/regis		
X Other Sp	ecify X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
oid the deceased leave a will? XYes XNo		
las an executor or administrator been appointed for the estate	e? X	Yes X No
igo an executor or quiminatique peen appointed for the estate		103 21,10
f no, will one be appointed? XYes XNo		
f no , will one be appointed? XYes XNo Will you pay out the refund to beneficiaries according to the la	aws of the st	ate where the deceased was a legal resident? X Yes X No
f no, will one be appointed? XYes XNo	aws of the st	ate where the deceased was a legal resident? X Yes X No
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