

2020 FR-147 SUB Statement of Person Claiming Refund Due a Deceased Taxpayer



SOFTWARE DEVELOPER USE Vendor ID# 1234

Personal information

Deceased's First name M.I. Last name
XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Deceased's taxpayer identification number (TIN) Date of death (MMDDYYYY)
999999999 99999999

Name of person claiming the refund (First name) M.I. Last name
XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Home address of person claiming the refund (number, street and suite/apartment number if applicable)

9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zip code +4
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999999

Statement of Claimant

Your relationship to the deceased

Fill in only one: X Spouse/registered domestic partner X Administrator X Executor
X Other Specify XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Did the deceased leave a will? X Yes X No

Has an executor or administrator been appointed for the estate? X Yes X No

If no, will one be appointed? X Yes X No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? X Yes X No

If no, a refund cannot be made until you submit a court certificate showing your appointment as a personal representative or other evidence that you are entitled, under DC law, to receive the refund.

If other than the deceased, who paid deceased's 2020 DC income tax?

Name Claimant's TIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999

Relationship to deceased
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Signature I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct.

Your signature

Date

Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death. If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.