Government of the District of Columbia

REV 09/20

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
XXXXXXXXXXXXX		X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deceased's taxpayer identification number (TIN)	Date of death (MMDDYY	YY)	
99999999	99999999		
Name of person claiming the refund (First name)		M.I.	Last name
XXXXXXXXXXXXX		X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Home address of person claiming the refund (nun			mber if applicable)
9999XXXXXXXXXXXXXXX			
City			State Zip code +4
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX		xx 999999999
Statement of Claimant			
Your relationship to the deceased			
Fill in only one:	X Spouse/registered	I dome	stic partner XAdministrator X Executor
Fill III Only one:	21 Spouse/registered	i uome	Still partities Administrator A Executor
	X Other Specify	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	77.1		
Did the deceased leave a will? XYes	XNo	77.	77.
Has an executor or administrator been appo If no , will one be appointed? XYes	inted for the estate? XNo	Хү	es X No
Will you pay out the refund to beneficiaries	according to the laws of	the sta	te where the deceased was a legal resident? X Yes X No
If no , a refund cannot be made until you su or other evidence that you are entitled, under			g your appointment as a personal representative
If other than the deceased, who paid deceas	sed's 2020 DC Income	tax?	
Name			
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	7	Claimant's TIN 999999999
	.7777777777777777	<u> </u>	
Relationship to deceased XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx		
Signature I request a refund of DC	incomo tay overna	id by c	or on behalf of the deceased. Under penalties of law, I declare that
I have examined this cla	aim and to the best	of my	n on behalf of the deceased. Order penalties of law, I declare that
I have examined this six	4111 4114, 15 1116 255	. 01 111)	anomioago, a lo concoca
			Date
Your signature			
Your signature			
Your signature			
Attach this form to the deceased			by of the death certificate or other proof of death.
Attach this form to the deceased			by of the death certificate or other proof of death. In copy of the court certificate of appointment.
Attach this form to the deceased			

9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85