1 2 3 4 2	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 2	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 8
3			3
4	Government of the		
5	District of Columbia	.47 SUB Statement of	
6		Person Claiming Refund Due a	
7		Deceased Taxpaye	r 2 2 1 4 7 0 S 1 0 0 0 1
8			8
9			SOFTWARE DEVELOPER USE
10			Vendor ID# 1234
12			
13	Personal information		n
14	Deceased's First name		name
15			11
16		Date of death (MMDDYYYY)	14
17	Name of person claiming the refund (First name)		name 1
18	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20			
21	Home address of person claiming the refund (humb	er, street and suite/apartment number i	applicable)
22	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		22
23	******	****	23
24	City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	~~~~~	State Zip code +4
25			XX 999999999
26			21
27	Statement of Claimant		2
28			
30	Your relationship to the deceased		33
31	Fill in only one:	KSpouse/registered domestic p	artner X Administrator X Executor
32			33
33		K Other Specify XXXXX	3
34			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
35	Did the deceased leave a will? XYes	XNo	33
36	Has an executor or administrator been appoint		X No
37	If no , will one be appointed? XYes	XNo	3
39	Will you pay out the refund to beneficiaries ac	cording to the laws of the state whe	ere the deceased was a legal resident? X Yes X No
40	If no, a refund cannot be made until you submit a court certificate showing your appointment as a personal representative		
41	or other evidence that you are entitled, under		4
42	If other than the deceased, who paid deceased	d's 2022 DC income tax?	44
43	Name		4
44		xxxxxxxxx	Claimant's TIN4
45	Relationship to deceased		49
46	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	44
47			4.
49	o'Bliacai o		behalf of the deceased. Under penalties of law, I declare that
50	I have examined this clai	m and, to the best of my know	vledge, it is correct.
51			5
52			Deta
53	Signature of person claiming refund		Date 5:
54	9999999999		5
55	Telephone number		5
56			5
58			58
59			the death certificate or other proof of death.
60	If you are filing as an administrato	r or executor, attach a cop	y of the court certificate of appointment.
61			6
62			6: 6:
63			6
64	REV 09/2022		6
65			6
2 3 4	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 2	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