Government of the District of Columbia

2023 FR-147 SUB Statement of Person Claiming Refund Due a Deceased Taxpayer

Personal information

REV 09/2023



SOFTWARE DEVELOPER USE
Vendor ID# 1234

Personal information			
eceased's First name		M.I. Last name	
XXXXXXXXXXXXX		X XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
eceased's taxpayer identification number (TIN)	Date of death (MMDDYYY 999999	Y)	
Name of person claiming the refund (First name)		M.I. Last name	
XXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
lome address of person claiming the refund (numb	ber, street and suite/apartm	nent number if applicable	e)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX		
Sity			State Zip code +4
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX		XX 999999999
Statement of Claimant			
Your relationship to the deceased			
our relationship to the deceased Fill in only one:	X Spouse/registered	domostic portner	XAdministrator X Executor
Fill in only one:	△ Spouse/registered	domestic partner	Administrator A Executor
	V Other Oracit	77777777777777777	
	X Other Specify	XXXXXXXX	XXXXXXXXXXXXXX
oid the deceased leave a will? XYes	XNo		
		X Yes X N	No
las an executor or administrator been appoir		X Yes X	No
das an executor or administrator been appoint ino, will one be appointed? XYes	nted for the estate? XNo		
las an executor or administrator been appoin in a second of the second o	nted for the estate? XNo ccording to the laws of	the state where the de	eceased was a legal resident? X Yes X No
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