For tax year decedent was due	e a refund: <u>2,0,Y,Y</u> , 0	OR □Other ta	ix year en	ding: MONTH		6	
1 Decedent's Name (last, first, middle initial)		2 Date of Death		3 Decedent's S	Social Secu	rity No.	
4 Name of Person Claiming Refund (last, first, m	iddle initial)		5 Claimant	's Social Securit	ty or Feder	al I.D. N	No.
6 Home Address of Person Claiming Refund - number and street, rural route Apt. No.			REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
7 City, Town or Post Office State	Zip Code						
8 Claimant's Relationship to Decedent			88				
Part I: Check the box that applies to Be sure to complete Part III		box.	81	8	0		
 9a Surviving spouse claiming a refu 9b Court-appointed or certified pers Attach a court certificate (issued 9c Person other than 9a or 9b claim See instructions and complete P 	onal representative. after death) showing your ing refund for the decede art II below.	r appointment. nt's estate.					
Part II: Complete Part II only if you of 10a Did the decedent leave a will?					10a	YES	NO □
10b Has a personal representative been appointed for the estate of the decedent?					10b	, 🗖	
10c If you answered "No", will one be appointed? If you answered "Yes" to 10a or 10b, do not file this form. The personal representative must file for the refund.					10c		
11 As the person claiming the refund for the laws of the state where the dece							
If you answered "No", a refund cann appointment as personal representa under state law to receive the refund	ative or until you submit ot						
Part III							

I request a refund of taxes overpaid by, or on behalf of, the decedent. Under penalties of perjury, I declare that the statements made on this form have been examined by me and to the best of my knowledge, they are true, correct and complete.

Signature of Person Claiming Refund

Date