

# Claim for Refund on Behalf of Deceased Taxpayer

Form at the bottom of the page



## Claim for Refund on Behalf of Deceased Taxpayer

Claim for refund cannot be processed if this information is not complete.  
Death certificate must accompany this completed form.

Name of Deceased Taxpayer	Date of Death	Social Security Number	
Address (permanent residence on the date of death)	City	State	ZIP
Name of Person Filing Claim (claimant)			
Address	City	State	ZIP

I am filing this statement as (check only one box):

A. ☐ Surviving wife or husband.

B. ☐ Personal representative, executor or administrator. Attach a court certificate showing your appointment.

C. ☐ Claimant for the estate of the decedent where there is no court estate proceeding. (Complete relationship below.)

Relationship with deceased taxpayer (must be completed if Box C is checked):

\_\_\_\_\_

\_\_\_\_\_

<b>Signature and Verification</b>	
<i>I hereby make request for refund of taxes overpaid by or in behalf of the deceased taxpayer and declare under penalties of perjury in the second degree that I have examined this claim and, to the best of my knowledge and belief, it is true, correct and complete.</i>	
Signature of Claimant	Date