

NH-1310

STATEMENT OF CLAIMANT TO REFUND DUE A DECEASED TAXPAYER

For calendar year....., or other taxable period beginning, 20....., and ending....., 20.....

TYPE OR PRINT	NAME OF DECEDENT NAME		OF CLAIMANT
	DATE OF DEATH	SOCIAL SECURITY NUMBER	CLAIMANT NUMBER & STREET ADDRESS
	NUMBER & STREET ADDRESS (PERMANENT RESIDENCE OR DOMICILE ON THE DATE OF DEATH)		
	CITY/TOWN, STATE & ZIP CODE+4		CLAIMANT CITY/TOWN, STATE & ZIP CODE

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

- A Surviving wife or husband, claiming a refund based on a joint return.
- B Administrator or executor. Attach a court certificate showing your appointment.
- C Claimant, for the estate of the decedent, other than above. Complete Schedule A and attach a copy of the death certificate or proof of death. Attach requested information, complete Schedule A, if applicable and sign below.

Schedule A. (To be completed only if C above is checked.)		YES	NO
1	Did the deceased leave a will?		
2(a)	Has an administrator or executor been appointed for the estate of the decedent?		
2(b)	If "No" will one be appointed?		
3	Will you, as the claimant for the estate of the decedent, disburse the refund according to the law of the State in which the decedent was domiciled or maintained a permanent residence?		
If "No," payment of this claim will be withheld pending submission of proof of your appointment as administrator or executor or other evidence showing that you are authorized under State law to receive payment.			

4	Name of Widow or Widower	Address
5	Names of surviving children	Address
6	Name of person supporting the children	Address
7	Names of decedent's living father and mother	Address
8	Names of decedent's living brothers and sisters	Address
9	Names of the living children of the decedent's deceased children	Address

Signature and Verification

I hereby make request for refund of taxes overpaid by or in behalf of the decedent and declare under penalties of perjury, that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature (in ink) of claimant Date

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
109 PLEASANT ST, PO BOX 637
CONCORD NH 03302-0637