

VERMONT	STATEMENT OF CLAIMANT TO REFUND DUE ON BEHALF OF DECEASED TAXPAYER	FORM 176
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DECEDENT	Decedent's Name	Social Security Number	
	Address at Time of Death	Date of Death	
	City	State	ZIP Code

CLAIMANT	Claimant's Name	Social Security Number	
	Address	Relationship or other capacity	
	City	State	ZIP Code

A. Has an executor or administrator been appointed for the estate of the above-named decedent?

Yes*.


No. Will an executor or administrator be appointed for the estate? Yes* No

* If you answered "Yes" to either of these questions, the executor or administrator must file for the refund.

B. Did the decedent have, at the time of his/her death, any interest in real estate, stocks, bonds, joint bank accounts or property, trusts, partnerships, or through power of appointment, either as joint beneficiary, joint tenant, or tenant by the entirety with right of survivorship?

Yes. What was the total value of those assets at time of death? \$ _____

No.

SIGNATURE OF CLAIMANT		
I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.		
 SIGN HERE _____	Date _____	Daytime Telephone Number _____