\Box For calendar year decedent was due a refund: $(,,,,,,,)$	Y. OR DF	iscal year		H YEAR	
1 Decedent's Name (last, first, middle initial)	2 Date of Death		3 Decedent's Social Security No.		
	MMDD	YYY			
4 Name of Person Claiming Refund (last, first, middle initial)		5 Claimant	laimant's Social Security or Federal I.D. No.		
6 Home Address of Person Claiming Refund - number and street, rural route	Apt. No.	REVENUE U 88	ISE ONLY. DO NO	OT MARK IN THIS AREA.	
7 City, Town or Post Office State ZIP Code	·				
8 Claimant's Relationship to Decedent					
Part I: Check the box that applies to you. Check only one box. Be sure to complete Part III below.		81 PM		80 RCVD	
9a 🔲 Surviving spouse claiming a refund based on a joint retu	m.			-	
9b Court-appointed or certified personal representative. Attach a court certificate (issued after death) showing yo	ur appointmen	t.			
9c Person other than 9a or 9b claiming refund for the deced See instructions and complete Part II below.	lent's estate.				

FOR CALENDAR YEAR

2013

Part II: Complete Part II only if you checked box 9c in Part I above.

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" on line 10b, 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 decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	11		
	If you answered "No" on line 11, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.			

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