

SCHEDULE F STATEMENT OF CLAIMANT TO REFUND DUE DECEASED TAXPAYER

YEAR _____

Attach completed schedule to decedent's return

NAME(S) SHOWN ON RETURN					YOUR SOCIAL SECURITY NUMBER			
		NAME OF DECEDENT		NAME OF CLAIMANT				
TYPE OR PRINT		DATE OF DEATH	SOCIAL SECURITY NUMBER	SOCIAL SECURI			TY NUMBER	
		NUMBER AND STREET (permanent residence or domicile at date of death)		NUMBER AND STREET				
		CITY, STATE AND ZIP C	CITY, STATE AND ZIP CODE					
A	A. Survi	inistrator or executor. Attach	ng a refund based on a joint return. a court certificate showing your appointmedent, other than above. Complete the re		ule and	ATTACH A LIST SCHEDULE CONTA NAME AND ADDRE SURVIVING SPO CHILDREN OF THE	AINING T SS OF T USE AN	HE HE D
TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED							YES	NO
1.	I. Did the decedent leave a will?							
2(a).								
2(b).								
3.	If 2(a) or 2(b) is checked "YES", do not file this form. The administrator or executor should file for the refund. Will you, as the claimant for the estate of the decedent, disburse the refund according to the laws of the state in which the decede was domiciled or maintained a permanent residence?							
	If "NO", p	ayment of this claim will b	e withheld pending submission of pro g that you are authorized under state l	of of your app	ointment a			
			SIGNATURE AND VERIF	CATION				
			paid by, or on behalf of the decedent and of belief, it is true, correct and complete.	eclare under po	enalties of p	perjury, that I have examin	ed	
Signat	ture of claim	ant			Date			

^{*} May be the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of death while in active service, or a death certificate issued by the appropriate officer of the Department of Defense.