	Arizona Form 131	Claim for Refund on Behalf of Deceased Taxpayer				CALENDAR YEAR		
Please print or type.								
For calendar year decedent was due a refund: <u>2,0,1,4</u> OR Fiscal year ending: MONTH YEAR								
1 Decedent's Name (last, first, middle initial) 2 Date of Death 3 Decede MIDDIYYY 3 Decede					Decedent's Socia	al Security	Number	
4 Name of Person Claiming Refund (last, first, middle initial) 5 Claimant's Social S						or Federal I	I.D. No.	
6 Home Address of Person Claiming Refund - number and street, rural route Apt. No. REVENUE USE ONLY. E						ARK IN TH	IIS AREA.	
7 City	y, Town or Post Office	State ZIP Code	e					
8 Cla	imant's Relationship to Decedent			-				
Part 1 Check the box that applies to you. Check only one box. 81 PM Be sure to complete Part 3 below.					8	80 RCVD		
9a	Surviving spouse claimi	ning a refund based on a joint retur	'n.					
9b Court-appointed or certified personal representative. Include a court certificate (issued after death) showing your appointment.								
9c	9c ☐ Person other than 9a or 9b claiming refund for the decedent's estate. See instructions and complete Part 2 below.							
Part	2 Complete Part 2 only if	f you checked box 9c in Part 1 abo	ove.					
10a	Did the decedent leave a w	will?				YES a 🔲	NO □	
10b Has a personal representative been appointed for the estate of the decedent?						b 🗌		
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.						c 🗌		
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?							
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	3							
	•	aid by, or on behalf of, the decedent examined by me and to the best o	•					

Signature of Person Claiming Refund

Date