	Arizona Form 131	Claim for Refund on Be	half of Dec	ceased	Taxpayer	CALEND	ar year 15
		Please print or	type.		MO		
	☐ For calendar year dece	dent was due a refund: <u>2,0,1</u>	<u>.5</u> OR □F	iscal year		NTH YEAR	l
1 Decedent's Name (last, first, middle initial)						s Social Security Number	
4 Name of Person Claiming Refund (last, first, middle initial) 5 Claimant's Social Sector						rity or Federal	I.D. No.
6 Home Address of Person Claiming Refund - number and street, rural route Apt. No. REVENUE USE ONLY. DO						IOT MARK IN TH	IIS AREA.
7 City	, Town or Post Office	State ZIP Cod	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. 81 PM						80 RCVD	
9a		ig a refund based on a joint retui	'n.	1			
9b	Court-appointed or certificate	ied personal representative. e (issued after death) showing yo	our appointmer	nt.			
9c	Person other than 9a or See instructions and con	9b claiming refund for the deced nplete Part 2 below.	ent's estate.				
Part	2 Complete Part 2 only if y	ou checked box 9c in Part 1 abo	ove.				
10a	Did the decedent leave a wi	II?				YES 10a	NO □
10b Has a personal representative been appointed for the estate of the decedent?						10b 🔲	
10c	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.						
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 🛛	
	,	e 11, a refund cannot be made un as personal representative or unt law to receive the refund.					
Part	3						
		d by, or on behalf of, the decedent amined by me and to the best					

Signature of Person Claiming Refund

Date