	Arizona Form <b>131</b> Claim for Refund on Behalf of Deceased Taxpayer						CALENDAR YEAR	
		Please print of	r type.					
	☐ For calendar year dece	edent was due a refund: <u>2,0,1</u>	<u>7</u> OR □F	iscal year	ending: Mo	NTH YEAR		
					3 Decedent's	Social Security	Number	
4 Name of Person Claiming Refund (last, first, middle initial) 5 Claimant's Social Sector					l nt's Social Secu	rity or Federal	I.D. No.	
6 Home Address of Person Claiming Refund - number and street, rural route Apt. No. REVENUE USE ONLY. DO						NOT MARK IN TI	HIS AREA.	
7 Citv	y, Town or Post Office	State ZIP Coo	de	88				
				_				
8 Cla	imant's Relationship to Decedent							
Part	art 1Check the box that applies to you. Check only one box.81 PMBe sure to complete Part 3 below.					80 RCVD		
9a	Surviving spouse claimin	ng a refund based on a joint retu	irn.	1				
9b	— ··	ied personal representative. e (issued after death) showing y	our appointmer	nt.				
9c	Person other than 9a or See instructions and cor	9b claiming refund for the deceo nplete Part 2 below.	dent's estate.					
Part	2 Complete Part 2 only if y	you checked box 9c in Part 1 ab	ove.					
10a	<b>0a</b> Did the decedent leave a will?					YES 10a 🔲	NO □	
10b	<b>0b</b> Has a personal representative been appointed for the estate of the decedent?					10b 🔲		
10c	<b>Dc</b> If you answered "No" on line 10b, will one be appointed? If you answered "Yes" to 10b or 10c, 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 🔲		
		e 11, a refund cannot be made u as personal representative or un law to receive the refund.						
Part	3							
		d by, or on behalf of, the deceden camined by me and to the best						
<b>→</b>								

Signature of Person Claiming Refund

Date