



Massachusetts Department of Revenue

Form M-1310

Statement of Claimant to Refund Due a Deceased Taxpayer

Please print or type. For calendar year

Name of decedent

Social Security number

Date of death

▶

▶

▶

Street address of decedent

City/Town

State

Zip

Name of claimant

Street address of claimant

City/Town

State

Zip

I am filing this statement as (fill in one only):

- a** ☐ Surviving wife or husband, claiming a refund based on a joint return
- b** ☐ Personal representative. Attach a court certificate showing your appointment.
- c** ☐ Claimant, for the estate of the decedent, other than above. Complete Schedule A and attach a copy of the death certificate or proof of death. (May be the original or authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of his/her death while in active service, or a death certificate issued by an appropriate officer of the Department of Defense.)

Attach the requested information, complete Schedule A (if applicable), and sign below.

Schedule A. Complete only if line c above is filled in.**1** Fill in if the deceased left a will. ☐**2a** Fill in if a personal representative has been appointed for the estate of the decedent ☐**2b** Fill in if one will be appointed. ☐

If line 2a or 2b is filled in, do not file this form. The personal representative should file for the refund.

3 Fill in if you, as the claimant for the estate of the decedent, will disburse the refund according to the law of the state in which the decedent was domiciled or maintained a permanent residence. ☐

If line 3 is not filled in, payment of this claim will be withheld pending submission of proof of your appointment as personal representative or other evidence showing that you are authorized under state law to receive payment.

Declaration

I hereby make request for refund of taxes overpaid by or in behalf of the decedent and declare under penalties of perjury, that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature of claimant

Date



Name of decedent

Social Security number

Date of death

Schedule A (cont'd.)**4** Name of widow(er)

Street address

City/Town

State

Zip

5a Name of surviving child

Street address

City/Town

State

Zip

5b Name of surviving child

Street address

City/Town

State

Zip

5c Name of surviving child

Street address

City/Town

State

Zip

6 Name of person supporting the child(ren)

Street address

City/Town

State

Zip

7 Names of decedent's living father and mother

Street address

City/Town

State

Zip



Name of decedent

Social Security number

Date of death

Schedule A (cont'd.)**8a** Name of decedent's living sibling

Street address

City/Town

State

Zip

8b Name of decedent's living sibling

Street address

City/Town

State

Zip

8c Name of decedent's living sibling

Street address

City/Town

State

Zip

9a Name of living child of the decedent's deceased child

Street address

City/Town

State

Zip

9b Name of living child of the decedent's deceased child

Street address

City/Town

State

Zip

9c Name of living child of the decedent's deceased child

Street address

City/Town

State

Zip