Arizona Form **131**

Claim for Refund on Behalf of Deceased Taxpayer

FOR CALENDAR YEAR **2019**

Please print or type.

☐ For calendar year decedent was due a refund: 2 0 1 9 OR ☐ Fiscal year ending: MONTH YEAR M M Y Y 66

1 Decedent's Name (last, first, middle initial)	**2** Date of Death M M D D Y Y Y Y	**3** Decedent's Social Security Number
4 Name of Person Claiming Refund (last, first, middle initial)	Daytime Phone (with area code) 94	**5** Claimant's Social Security Number or ITIN
6 Home Address of Person Claiming Refund - number and street, rural route	Apt. No.	**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.** 88
7 City, Town or Post Office State ZIP Code		
8 Claimant's Relationship to Decedent		

81 **PM** | 80 **RCVD**

Part 1 Check the box that applies to you. Check only one box. Be sure to complete Part 3 below.

9a ☐ Surviving spouse claiming a refund based on a joint return.

9b ☐ Court-appointed or certified personal representative. Include a court certificate (issued after death) showing your appointment.

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 you checked box 9c in Part 1.

			YES	NO
10a	Did the decedent leave a will?	**10a**	☐	☐
10b	Has a personal representative been appointed for the estate of the decedent?	**10b**	☐	☐
10c	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**	☐	☐

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

I request a refund of taxes overpaid by, or on behalf of, the decedent. Under penalties of perjury, I declare that the statements made on this form have been examined by me and to the best of my knowledge, they are true, correct and complete.

➔ _____ Signature of Person Claiming Refund

_____ Date

Print Form