Arizona Form 131

Claim for Refund on Behalf of Deceased Taxpayer For Forms 140, 140A, 140EZ, 140NR, 140PY and 140X

FOR CALENDAR YEAR 2022

Please print or type.

	☐ For calendar year decedent was due a refund: _2_0	1,2,2,	OR 🗆 Fi		ONTH YEAR		
1 Decedent's Name (last, first, middle initial)		2 [Date of Death	3 Decedent's	3 Decedent's Social Security Number		
4 Name of Person Claiming Refund (last, first, middle initial) Daytime Phone (wit			rea code)	5 Claimant's Social Secu	urity Number or	ITIN	
6 Home Address of Person Claiming Refund - number and street, rural route			Apt. No.	REVENUE USE ONLY. DO I	NOT MARK IN TH	IIS AREA.	
7 City	/, Town or Post Office State ZIP Code	e	-]			
8 Cla	imant's Relationship to Decedent						
Part	Check the box that applies to you. Check only one bo Be sure to complete Part 3 below.	OX.		81 PM	80 RCVD		
9a	☐ Surviving spouse claiming a refund based on a joint re	eturn.	_				
9b	☐ Court-appointed or certified personal representative. Include a court certificate (issued after death) showing	g your a	ıppointmen	ıt.			
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.						
10a	Did the decedent leave a will?				YES 10a □	МО	
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, and you are <i>not</i> the of the decendent's will) do not file this form. The persona must file for the refund.	person	nal represer	ntative (or executor	10c □		
11	As the person claiming the refund for the decedent's esta according to the laws of the state where the decedent was				11 🗆		
	If you answered "No" on line 11, a refund cannot be made showing your appointment as personal representative or you are entitled under state law to receive the refund.	•					
Part	3						
	uest a refund of taxes overpaid by, or on behalf of, the decede on this form have been examined by me and to the be						
 							
	Signature of Person Claiming Refund	_	Date				