

A.

B.





CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER

DECEDENT INFORMATION				ESTATE INFORMATION
TAXPAYER ID		DATE OF DEATH		TAXPAYER ID
FIRST NAME	M.I.	LAST NAME		ESTATE NAME
ADDRESS				ADDRESS
СІТҮ		STATE ZIP CODE		CITY STATE ZIP CODE
PART CHECK THE BOX TH	AT APPLI	ES TO YOU (CHECK ONLY ONI	E BOX). N	AKE SURE TO SIGN AND DATE IN PART 3 BELOW

Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.

Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.

PART	COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE	YES	NO
2	1. Did the decedent leave a will?		
	2a. Has a personal representative been appointed by a court for the estate of the decedent?		
	2b. If "NO", will one be appointed? If 2a or 2b is answered "YES", the personal representative must file for the refund.		
	3. 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?		
	If the answer to question 3 is "No", a refund cannot be made until you submit a court certificate showing your appointment a personal representative.	as	

PART	SIGNATURE AND VERIFICATION (All filers must complete this part)					
3	I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and the best of my knowledge and belief, it is true, correct, and complete.					
	🕑 YOUR SIGNATURE	₩ DATE				

 ${\mathscr O}$  Form to be submitted with the tax return seeking the refund.