



CLAIM FOR REFUND OF INHERITANCE AND ESTATE TAXES

Name of Decedent

Social Security Number

County of Residence

Address

Date of Death (if known)

Inheritance Tax File Number (if known)

Under Ind. Code § 6-4.1-10-1(a), the undersigned hereby makes claim for the refund of taxes paid in the aforementioned estate in the amount of _____ for the following reason:

I hereby certify that the tax was originally paid on the _____ day of _____, 20_____, that the _____ County Treasurer issued receipt number _____, and that no part of the same has been refunded, except:

PLEASE ATTACH DOCUMENTARY EVIDENCE TO SUBSTANTIATE YOUR CLAIM.

Person Who Paid the Tax

Name of Person Making Claim

Relationship to Estate

Relationship to Estate

Address

Address

Note: Please mail completed form to: Indiana Department of Revenue, Inheritance Tax Division, P.O. Box 71, Indianapolis, Indiana 46206-0071