

NH-1310

REQUEST FOR REFUND DUE FOR A DECEASED TAXPAYER **PRINT OR TYPE MMDDYYYY** MMDDYYYY Tax Period Begin Date: Tax Period End Date: Name of Decedent Taxpayer Identification Number Date of Death (MMDDYYYY) Number & Street Address (Permanent or Domicile on the date of death) City / Town State Zip Code + 4 (or Canadian Postal Code) Name of Claimant Claimant Number & Street Address State Zip Code + 4 (or Canadian Postal Code) City / Town I am filing this statement as (check only one box): A. Surviving spouse, claiming a refund based on a joint return **OR** received a joint refund check but are requesting a new check in your name only. Attach a copy of the death certificate. B. Administrator or executor. Attach a court certificate showing your appointment and a copy of the death certificate. Trustee of the trust. Attach a copy of the certificate of trust, a copy of the trust, and a copy of the death certificate. The return requesting the refund must have been filed in the name of a trust for the refund to belong to that trust, or you must produce a court order or other evidence that the refund belongs to the trust. D. Person, other than A, B, or C. Complete questions below. 1. Did the decedent leave a will? If you answered "Yes" to question 2a or 2b, 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 If you answered "No" to question 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund. SIGNATURE AND VERIFICATION I hereby make request for refund of taxes overpaid by or on 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 (in ink) of Claimant Today's Date (MMDDYYYY)