	EASE PRINT OR TYPE							
1	DECEDENT'S NAME (last, first, middle initial)		2 DATE OF DEATH 3 DECEDENT'S SOCIAL SEC				L SECURITY	NO.
4	NUMBER AND STREET (permanent residence or domicile on date of death)		5 CITY, STATE, ZIP CODE					
6	NAME OF PERSON CLAIMING REFUND (last, first, middle initial)	7 RELATIONSHIP	TO DECEDENT	8 CLAIMANT	''S SOCIAL	SECURITY OF	R FEDERAL I	.D. NO
9	NUMBER AND STREET OF PERSON CLAIMING REFUND		10 CITY, STATE, ZIP CODE					
11	I am filing this claim as (check only one box):	FOR DOR USE ONLY						
а	Surviving spouse claiming a refund based on a joint return.							
b	Court Appointed Personal Representative for the decedent's estat certificate (issued after death) showing your appointment.	e. Attach a court						
C	Person other than 11a or 11b claiming refund for the decedent's estate. Complete Schedule A below, and attach a copy of the death certificate or proof of death.							
	Please attach requested information and sign below. If you checked box 11c, comp Schedule A.					80		
	<ul><li>a Has a personal representative been appointed for the estate of the decedent?</li><li>b If "No", will one be appointed?</li></ul>							
	b If "No", will one be appointed? If you answered "Yes" to 12a or 12b, do not file this form. The pers						🗳	
13	As the person claiming the refund for the decedent's estate, will you pa decedent was a legal resident?	-	-				🗆	
	If you answered "No", a refund cannot be made until you submit a cour			ment as perso	nal repres	sentative or		
	until you submit other evidence that you are entitled under state law to							
I im		receive the refund. dent. I, the unde t the State of An	ersigned clain izona or the	nant, certify u making of fal	lse stater	ments in con	nection the	rewith,
l im th	until you submit other evidence that you are entitled under state law to request a refund of taxes overpaid by, or on behalf of, the dece posed by law for the making of false or fraudulent claims agains	receive the refund. dent. I, the unde t the State of An	ersigned clain izona or the	nant, certify u making of fal	lse stater	ments in con	nection the	rewith,
I im th	until you submit other evidence that you are entitled under state law to request a refund of taxes overpaid by, or on behalf of, the dece posed by law for the making of false or fraudulent claims agains at the statements made herein have been examined by me	receive the refund. dent. I, the unde t the State of An	ersigned clain izona or the tatements ar	nant, certify u making of fal	lse stater	ments in con	nection the	rewith,

- Attach any required documents, certificates, etc., to this form.
- For military personnel, the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
- As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141) or an estate tax return (Form 72 or Form 76) for the decedent's estate. For further information concerning these forms, call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090.