

Please print or type.

For calendar year decedent was due a refund: 2,0,2,3 OR Fiscal year ending: MONTH YEAR 66

1 Decedent's Name (last, first, middle initial) 2 Date of Death 3 Decedent's Social Security Number
4 Name of Person Claiming Refund (last, first, middle initial) Daytime Phone (with area code) 5 Claimant's Social Security Number or ITIN
6 Home Address of Person Claiming Refund - number and street, rural route Apt. No. REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
7 City, Town or Post Office State ZIP Code
8 Claimant's Relationship to Decedent

Part 1 Check the box that applies to you. Check only one box. Be sure to complete Part 3 below.

81 PM 80 RCVD

- 9a Surviving spouse claiming a refund based on a joint return.
9b Court-appointed or certified personal representative. Include a court certificate (issued after death) showing your appointment.
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 NO
10b Has a personal representative been appointed for the estate of the decedent? YES NO
10c If you answered "No" on line 10b, will one be appointed? YES NO
11 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? YES NO

Part 3

I request a refund of taxes overpaid by, or on behalf of, the decedent. Under penalties of perjury, I declare that the statements made on this form have been examined by me and to the best of my knowledge, they are true, correct and complete.

Signature of Person Claiming Refund Date