

Statement of Claimant to Refund Due—Deceased Taxpayer

For calendar year, or other taxable year beginning
, 19....., and ending, 19.....

Please type or print	Name of decedent		Name of claimant	
	Date of death	Social security number		Number and street
	Number and street (Permanent residence or domicile on the date of death)			
	City or town, State, and ZIP code			

I am filing this statement as (check only one box):

- A. Surviving spouse, claiming a refund based on a joint return.
- B. Administrator or executor. Attach a court certificate showing your appointment.
- C. Claimant, for the estate of the decedent, other than above. Complete Schedule A and attach a copy of the death certificate or proof of death.*

Please attach requested information, complete Schedule A, if applicable, and sign below.

Schedule A. (To be completed only if C above is checked.)

	Yes	No
1 Did the deceased leave a will?		
2(a) Has an administrator or executor been appointed for the estate of the decedent?		
(b) If "No," will one be appointed?		

If 2(a) or (b) is checked "Yes," do not file this form. The administrator or executor should file for the refund.

