

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		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. Deceased's personal representative.¹ 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.²

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 a deceased's personal representative been appointed for the estate of the decedent?		
(b) If "No," will one be appointed?		
<i>If 2(a) or (b) is checked "Yes," do not file this form. The deceased's personal representative should file for the refund.</i>		
3 Will you, as the claimant for the estate of the decedent, disburse the refund according to the law of the State in which the		

¹ person in actual or constructive possession of any property of the decedent.

² May be the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of his or her death while in active service, or a death certificate issued by an appropriate officer of the Department of Defense.