

Statement of Claimant to Refund Due Deceased Taxpayer (Attach completed schedule to decedent's return)

2020

	ME OF CEDENT					NAME OF CLAIMANT							
DATE			SOCIAL SECU NUMBER	JRITY		SOCIAL SEC	CURITY						
ADDRESS (permanent residence or domicile at date of death)						ADDRESS							
CIT	ГҮ		STATE	ZIP CODE		CITY		STATE		IP DDE			
A. [B. [C. [Administrator or executor. Attach a court certificate showing your appointment. Administrator or executor. Attach a court certificate showing your appointment. ULE CONTAINING THE NAME AND ADDRESS OF THE SURVIV ING SPOUSE AND CHILDREN OF												
	TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED YES NO												
2(b)	1. Did the decedent leave a will? 2(a) Has an administrator or executor been appointed for the estate of the decedent? 2(b) If "NO" will one be appointed? [] If 2(a) or 2(b) is checked "YES", do not file this form. The administrator or executor should file for the refund.												
3.	Will you, as the claimant for the estate of the decedent, disburse the refund according to the laws of the state in which the decedent was domiciled or maintained a permanent residence?												
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 of claimant Date													

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

