



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID# 0002

Personal information

Deceased's First name, M.I., Last name, Deceased's social security number, Date of death (MMDDYYYY), Name of person claiming refund (First name), M.I., Last name, Home address (number, street and suite/apartment number if applicable), City, State, Zip code +4

Statement of Claimant

Your relationship to the deceased

Fill in only one: Spouse/registered domestic partner, Administrator, Executor, Other Specify

Did the deceased leave a will? Yes No

Has an executor or administrator been appointed for the estate? Yes No

If no, will one be appointed? Yes No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes No

If no, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under DC law, to receive the refund.

If other than the deceased, who paid deceased's 2016 DC income tax?

Name, Relationship to deceased, Claimant's SSN

Signature I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct.

Signature of person claiming refund, Date

Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death. If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.