

NAME OF DECEDENT			NAME OF CLAIMANT		
DATE OF DEATH	SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER		
ADDRESS <i>(permanent residence or domicile at date of death)</i>			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

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

- A. Surviving wife or husband, 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 the rest of this schedule and attach a copy of the death certificate or proof of death*

ATTACH A LIST TO THIS SCHEDULE CONTAINING THE NAME AND ADDRESS OF THE SURVIVING SPOUSE AND CHILDREN OF THE DECEDENT.

TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did the decedent leave a will?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2(a). Has an administrator or executor been appointed for the estate of the decedent?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2(b) If "NO" will one be appointed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If 2(a) or 2(b) is checked "YES", do not file this form. The administrator or executor should file for the refund.</i> | | |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If "NO", payment of this claim will be withheld pending submission of proof of your appointment as administrator or executor or other evidence showing that you are authorized under state law to receive payment.</i> | | |

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.

