



OFFICIAL USE ONLY

Important: Print in all CAPITAL letters in black ink.

Personal information

Deceased's name M.I. Last name

Deceased's social security number Date of death (MMDDYY)

Your name M.I. Last name

Your home address (number and street) Apartment number

City State Zip

Statement

Your relationship to the deceased

Fill in only one: Spouse 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 a 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 2002 DC income tax?

Name

Relationship

Signature

I request a refund of taxes 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.

Your signature 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.