Government of the
District of Columbia

2013 FR-147 SUB Statement of
Person Claiming
Refund Due a
Deceased Taxpayer

13147021000 1

Personal information

Deceased's First name: ABCDEFGHIJKLABC

M.I.: A

Last name: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Deceased's social security number: 123456789

Date of death (MM/DD/YY): MMDDYY

Your First name: ABCDEFGHIJKLABC

M.I.: A

Last name: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Your home address (number and street):
123456789ABCDEFGHIJKLABCDEFGHIJKLABCDEF
123456789ABCDEFGHIJKLABCDEFGHIJKLABCDEF

City: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

State: AB

Zip code +4: 123456789

Statement of Claimant

Your relationship to the deceased

Fill in only one: X Spouse/domestic partner   X Administrator   X Executor

X Other   Specify: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Did the deceased leave a will?   X Yes   X No

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

If **no**, will one be appointed?   X Yes   X No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident?   X Yes   X 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 2013 DC income tax?

Name: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Claimant's social security number: 123456789

Relationship to deceased: ABCDEFGHIJKLABCDEFGHIJKLABCDEF

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.

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.

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