



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 (MM/DD/YY)
 Your First name M.I. Last name
 Your home address (number and street)
 City State Zip code +4

Statement of Claimant

Your relationship to the deceased

Fill in only one: ☐ Spouse/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 2012 DC income tax?

Name Claimant's SSN
 Relationship to deceased

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.**