Government of the
District of Columbia

2014 FR-147 SUB Statement of
Person Claiming
Refund Due a
Deceased Taxpayer

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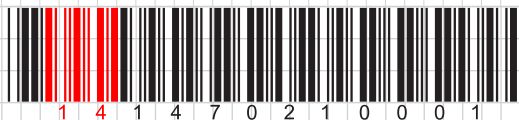
Personal information

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 2014 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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REV 12/14