

2011 FR-147 SUB Statement of Person Claiming Refund Due a Deceased Taxpayer



SOFTWARE DEVELOPER USE

Vendor ID# 1234

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 2011 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.