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Form **1310**

(Rev. August 2019) Department of the Treasury Internal Revenue Service

Statement of Person Claiming Refund Due a Deceased Taxpayer

► Go to www.irs.gov/Form1310 for the latest information.

► See instructions below and on back.

OMB No. 1545-0074

Attachment Sequence No. **87**

Tax ye	ar decedent was due a refund:				
Calendar year , or other tax year beginning , 20		, and ending	, 20		
Please print or	Name of decedent. If filing a joint return and both taxpayers are deceased, complete a Form 1310 for each. See instructions.	Date of death	Decedent's social security number		number
	I Name of person claiming return		Your social security	Your social security number	
type	Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see instruction	ns.		•	
Part	Check the box that applies to you. Check only one box.	Be sure to complete I	Part III below.		
A	Surviving spouse requesting reissuance of a refund check (see instructions).				
В	Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed (see instructions).				
С	Person, other than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.				
Part II Complete this part only if you checked the box on line C above.					
				Yes	No
1					
2 a					
b	, , , , , , , , , , , , , , , , , , ,				
	If you answered "Yes" to 2a or 2b, the personal representative must file for the refund.				
3	As the person claiming the refund for the decedent's estate, will you p of the state where the decedent was a legal resident?	-	_		
	If you answered " \mathbf{No} " to 3, a refund cannot be made until you submit a c as personal representative or other evidence that you are entitled under st	0,			
Part	Signature and verification. All filers must complete this	part.			
	st a refund of taxes overpaid by or on behalf of the decedent. Under penalties or my knowledge and belief, it is true, correct, and complete.	of perjury, I declare that I have	ve examined this cla	aim, an	d to the
Signati	Signature of person claiming refund ▶ Date ▶				
Phone n	o. (optional)				