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Form 1310 (Rev. December 2021) 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**

rax ye	ar decedent was							
Calenda	. ,	, or other tax year beginning	, 20	, and ending		, 20)	
	Name of decedent. Form 1310 for each	If filing a joint return and both taxpayers are deceased, con. See instructions.	omplete a	Date of death	Decedent's social s	security	number	
Please print or	Name of person claiming refund				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 instructions.							
Part	Check th	e <u>one</u> box that applies to you. You mu	ust also c	omplete Part III belo	w. See instruct	ions.		
Α	Surviving spouse requesting reissuance of a refund check received in the name of both the decedent and the surviving spouse.							
В	Court-appointed or certified personal representative (defined below). Attach a court certificate showing your appointment, unless previously filed.							
С	Person, other than A or B, claiming refund for the decedent's estate. Also, complete Part II.							
Part	II Complete	e this part only if you checked the box	on line C	above.				
						Yes	No	
1	Did the decedent leave a will?							
2 a	Has a court appointed a personal representative for the estate of the decedent?							
b	If you answered "No" to 2a, will one be appointed?							
	If you answered	you answered "Yes" to 2a or 2b, the personal representative must file for the refund.						
3	As the person of	s the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws						
	of the state whe	re the decedent was a legal resident?			[
	If you answered "No" to 3, 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 state law to receive the refund.							
Part I	II Signatur	e and verification. All filers must comp	lete this	oart.				
		s overpaid by or on behalf of the decedent. Unde d belief, it is true, correct, and complete.	r penalties o	f perjury, I declare that I h	ave examined this cl	aim, an	d to the	
Signature of person claiming refund ▶ Date ▶								
Phone n	o. (optional)							