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.

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		
	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 so	ecurity r	number
Please print or	Name of person claiming refund  Your social securit			numbe	r
type	Home address (number and street). If you have a P.O. box, see instructions.			Apt. no	0.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.					
Part I Check the one box that applies to you. You must also complete Part III below. See instructions.					
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 in the instructions). Attach a court certificate showing your appointment, unless previously filed.				
Person, other than A or B, claiming refund for the decedent's estate. Also, complete Part II.					
Part II Complete this part only if you checked the box on line C above.					
				Yes	No
1					
2a	'' '				
<b>b</b> If you answered <b>"No"</b> to 2a, will one be appointed?					
_	If you answered <b>"Yes"</b> 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 pay out the refund according to the laws				
	of the state where the decedent was a legal resident?				
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as personal representative or other evidence that you are entitled under state law to receive the refund.					
Part III Signature and verification. All filers must complete this part.					
I reques best of	t a refund of taxes overpaid by or on behalf of the decedent. Under penalties of pr my knowledge and belief, it is true, correct, and complete.	erjury, I declare that I have exa	mined this claim, and	d to the	
Signature of person claiming refund ▶ Date ▶					
Phone no (optional)					