



**SCHEDULE F**  
**STATEMENT OF CLAIMANT TO REFUND DUE DECEASED TAXPAYER**  
 Attach completed schedule to decedent's return

YEAR \_\_\_\_\_

NAME(S) SHOWN ON RETURN	YOUR SOCIAL SECURITY NUMBER
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<b>TYPE OR PRINT</b>	NAME OF DECEDENT		NAME OF CLAIMANT	
	DATE OF DEATH	SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER
	NUMBER AND STREET (permanent residence or domicile at date of death)		NUMBER AND STREET	
	CITY, STATE AND ZIP CODE		CITY, STATE AND ZIP CODE	

<b>I am filing this statement as (check only one box):</b> A. <input type="checkbox"/> Surviving wife or husband, claiming a refund based on a joint return. B. <input type="checkbox"/> Administrator or executor. Attach a court certificate showing your appointment. C. <input type="checkbox"/> Claimant for the estate of the decedent, other than above. Complete the rest of this schedule and attach a copy of the death certificate or proof of death.*	<b>ATTACH A LIST TO THIS SCHEDULE CONTAINING THE NAME AND ADDRESS OF THE SURVIVING SPOUSE AND CHILDREN OF THE DECEDENT</b>
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TO BE COMPLETED ONLY IF BOX C ABOVE IS CHECKED	YES	NO
1. Did the decedent leave a will? .....		
2(a). Has an administrator or executor been appointed for the estate of the decedent? .....		
2(b). If "NO" will one be appointed? .....		
<b><i>If 2(a) or 2(b) is checked "YES", do not file this form. The administrator or executor should file for the refund.</i></b>		
3. Will you, as the claimant for the estate of the decedent, disburse the refund according to the laws of the state in which the decedent was domiciled or maintained a permanent residence? .....		
<b><i>If "NO", payment of this claim will be withheld pending submission of proof of your appointment as administrator or executor or other evidence showing that you are authorized under state law to receive payment.</i></b>		

**SIGNATURE AND VERIFICATION**

I hereby make request for refund of taxes overpaid by, or on behalf of the decedent and declare under penalties of perjury, that I have examined this claim and to the best of my knowledge and belief, it is true, correct and complete.

Signature of claimant \_\_\_\_\_ Date \_\_\_\_\_

\* May be the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of death while in active service, or a death certificate issued by the appropriate officer of the Department of Defense.