

RI 1310

Statement of Claimant to Refund Due - Deceased Taxpayer

For calendar year 20 or other taxable year beginning 20 and ending 20

Form with fields: Name of decedent, Name of claimant, Date of death, Social security number, Number and street, City or town, State, and Zip code.

I am filling this statement as (check only one box):

- A. Surviving wife or husband. Claiming a refund based on your joint return...
B. Administrator or executor. Attached a court certificate showing your appointment.
C. Claimant, for the estate of the decedent. Other than above. Complete Schedule A and attach a copy of the death certificate or proof of death.

Please attach request information. Complete Schedule A. If applicable and sign below

Schedule A. (To be completed only if C above is checked.) Table with Yes/No columns for questions about will, administrator, and refund disbursement.

Signature and Verification

I hereby make request for refund of taxes overpaid by or in 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 his death while in active service or a death certificate issued by an appropriate officer of the Department of Defense.

IMPORTANT

If the claimant is a surviving spouse and the decedent dies in the current tax year prior to filing a joint return then this form does not need to be completed. Write the word "Deceased" after the name of the decedent and show the date of death in the name and address space on your return. Enter the words "filing as Surviving Spouse" on the signature line then sign on the line provided.

INSTRUCTIONS:

- 1. Enter name, date of death, social security number and last known address for the deceased taxpayer.
2. Enter name and present address of the person or firm to whom the refund is to be paid.
3. Check off box A, B, or C. Attach applicable documents.
4. Sign this form and either attach it to your Rhode Island tax return or if the return has previously been filed mail to.

STATE OF RHODE ISLAND
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800

