

FORM 209
DELAWARE CLAIM FOR REFUND DUE
ON BEHALF OF DECEASED TAXPAYER

DECEDENT'S NAME:

[Text box for Decedent's Name]

DATE OF DEATH:

MM | DD | YY

DECEDENT'S SOCIAL SECURITY NUMBER:

[Social Security Number grid]

CLAIMANT'S NAME:

[Text box for Claimant's Name]

CLAIMANTS SOCIAL SECURITY NUMBER:

[Social Security Number grid]

CLAIMANT'S ADDRESS:

[Text box for Claimant's Address]

CITY:

[Text box for City]

STATE:

[Text box for State]

ZIP CODE:

[Text box for Zip Code]

PART 1. CHECK THE BOX THAT APPLIES TO YOU (CHECK ONLY ONE BOX). MAKE SURE TO SIGN AND DATE IN PART 3 BELOW

- A. [] Personal representative appointed or certified by court. You MUST attach a court certificate showing your appointment.
B. [] Person, other than A, claiming refund for the decedent's estate. Complete Part 2 and attach a copy of the death certificate or proof of death.

PART 2. COMPLETE THIS PART ONLY IF YOU CHECKED BOX B ABOVE

Table with 2 columns: Question, YES, NO. Contains questions 1, 2a, 2b, and 3 regarding will, personal representative, and refund payment.

PART 3. SIGNATURE AND VERIFICATION (ALL FILERS MUST COMPLETE THIS PART)

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

Claimant's Signature:

MM | DD | YY
Date:

