

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

DECEDENT'S NAME:

[Text input box for Decedent's Name]

DATE OF DEATH:

MM | DD | YY

DECEDENT'S SOCIAL SECURITY NUMBER:

[Social Security Number input boxes]

CLAIMANT'S NAME:

[Text input box for Claimant's Name]

CLAIMANTS SOCIAL SECURITY NUMBER:

[Social Security Number input boxes]

CLAIMANT'S ADDRESS:

[Text input box for Claimant's Address]

CITY:

[Text input box for City]

STATE:

[Text input box for State]

ZIP CODE:

[Text input 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

- 1. Did the decedent leave a will? YES NO
2a. Has a personal representative been appointed by a court for the estate of the decedent? YES NO
2b. If "NO", will one be appointed? YES NO
If 2a or 2b is answered "YES", 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? YES NO
If 3 is answered "No", 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 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:

