

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

DECEDENT'S NAME:

DATE OF DEATH:

 MM DD YY

DECEDENT'S SOCIAL SECURITY NUMBER:

CLAIMANT'S NAME:

CLAIMANTS SOCIAL SECURITY NUMBER:

CLAIMANT'S ADDRESS:

CITY:

STATE:

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

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did the decedent leave a will?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a. Has a personal representative been appointed by a court for the estate of the decedent?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. If "NO", will one be appointed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: _____