

ARIZONA FORM 131 Claim for Refund on Behalf of Deceased Taxpayer

2006

Refund claim for calendar year Y,Y,Y,Y or other tax year beginning M,M,D,D,Y,Y,Y,Y and ending M,M,D,D,Y,Y,Y,Y.

PLEASE PRINT OR TYPE

1 DECEDENT'S NAME (last, first, middle initial)	2 DATE OF DEATH <u>M,M,D,D,Y,Y,Y,Y</u>	3 DECEDENT'S SOCIAL SECURITY NO.
4 NUMBER AND STREET (permanent residence or domicile on date of death)	5 CITY, STATE, ZIP CODE	
6 NAME OF PERSON CLAIMING REFUND (last, first, middle initial)	7 RELATIONSHIP TO DECEDENT	8 CLAIMANT'S SOCIAL SECURITY OR FEDERAL I.D. NO.
9 NUMBER AND STREET OF PERSON CLAIMING REFUND	10 CITY, STATE, ZIP CODE	

11 I am filing this claim as (<i>check only one box</i>): a <input type="checkbox"/> Surviving spouse claiming a refund based on a joint return. b <input type="checkbox"/> Court Appointed Personal Representative for the decedent's estate. <i>Attach a court certificate (issued after death) showing your appointment.</i> c <input type="checkbox"/> Person other than 11a or 11b claiming refund for the decedent's estate. <i>Complete Schedule A below, and attach a copy of the death certificate or proof of death. Please attach requested information and sign below.</i> <i>If you checked box 11c, complete Schedule A.</i>	FOR DOR USE ONLY <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: center; align-items: center;"> 88 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30%; height: 20px; display: flex; justify-content: center; align-items: center;"> 81 </div> <div style="border: 1px solid black; width: 30%; height: 20px; display: flex; justify-content: center; align-items: center;"> 80 </div> </div>
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SCHEDULE A: Complete only if you checked box (c) above.

		YES	NO
12 Did the decedent leave a will?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Has a personal representative been appointed for the estate of the decedent?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b If "No", will one be appointed?..... If you answered "Yes" to 12a or 12b, do not file this form. The personal representative should file for the refund.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 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"/>	<input type="checkbox"/>
If you answered "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.			

I request a refund of taxes overpaid by, or on behalf of, the decedent. I, the undersigned claimant, certify under all penalties, fines and forfeitures imposed by law for the making of false or fraudulent claims against the State of Arizona or the making of false statements in connection therewith, that the statements made herein have been examined by me and that such statements are true to the best of my knowledge and belief.

 Signature of Person Claiming Refund

 Date

Instructions

- **Attach this form to the front of the income tax return that would have been filed if the decedent had lived.**
- If the refund is issued in the name of the decedent, it may be cashed with the endorsement of the executor or administrator of the estate.
- Attach any required documents, certificates, etc., to this form.
- For military personnel, the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
- As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141AZ) for the decedent's estate. For further information concerning this form, call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090.