



Massachusetts Department of Revenue

Form M-1310

Statement of Person Claiming Refund Due a Deceased Taxpayer

Please print or type. Calendar year of the refund due

Name of decedent Social Security number Date of death

Street address of decedent

City/Town State Zip

Name of claimant Relationship to decedent Phone

Street address of claimant

City/Town State Zip

I am filing this statement as (fill in one only):

- a Surviving spouse requesting reissuance of a refund check.
b Personal representative. Attach 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.

Attach the requested information, complete Schedule A (if applicable), and sign below.

Schedule A. Complete only if line c above is filled in.

1 Fill in if the deceased left a will.

2a Fill in if a personal representative has been appointed for the estate of the decedent.

2b Fill in if one will be appointed.

If line 2a or 2b is filled in, the personal representative should file for the refund.

3 Fill in if you, as the claimant for the estate of the decedent, will disburse the refund according to the law of the state in which the decedent was domiciled or maintained a permanent residence.

If line 3 is not filled in, payment of this claim will be withheld pending submission of proof of your appointment as personal representative or other evidence showing that you are authorized under state law to receive payment.

Declaration

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