



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
STATEMENT OF PERSON
CLAIMING REFUND
DUE A DECEASED TAXPAYER

dor.sc.gov

Tax year decedent (deceased taxpayer) was due a refund:

Calendar year _____, or fiscal year beginning (MM-YY) _____, ending (MM-YY) _____

Table with 2 columns: Decedent information (Name, Date of death, Address, City/State/ZIP) and Claimant information (Social Security Number, Name, Mailing address, City/State/ZIP)

Part I Check the one box that applies to you. Be sure to sign and date in Part III below.

- A. [] Surviving spouse requesting reissuance of a refund check.
B. [] Personal representative appointed or certified by a court. Attach a court certificate showing your appointment.
C. [] Person, other than A or B, claiming refund for the decedent's estate. Complete Part II and attach a copy of the death certificate or proof of death.

Part II Complete only if you checked Box C above.

Table with 2 columns: YES, NO. Rows include questions about will, personal representative appointment, and refund payment according to state laws.

Part III Required: Signature and Verification

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

Signature of person claiming refund _____ Date _____

Attach completed form to the SC1040.

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax.