



# DELAWARE 2024

DIVISION OF REVENUE F O R M PIT-CFR

## CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER



### DECEDENT INFORMATION

TAXPAYER ID						DATE OF DEATH			
<input type="text"/>						<input type="text"/>			
FIRST NAME		M.I.	LAST NAME						
<input type="text"/>		<input type="text"/>	<input type="text"/>						
ADDRESS									
<input type="text"/>									
CITY				STATE		ZIP CODE			
<input type="text"/>				<input type="text"/>		<input type="text"/>			

### ESTATE INFORMATION

TAXPAYER ID						ESTATE NAME			
<input type="text"/>						<input type="text"/>			
ADDRESS									
<input type="text"/>									
CITY				STATE		ZIP CODE			
<input type="text"/>				<input type="text"/>		<input type="text"/>			

### 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? <b>If 2a or 2b is answered "YES", the personal representative must file for the refund.</b>	<input type="checkbox"/>	<input type="checkbox"/>
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 the answer to question 3 is "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative.**

### 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.

\_\_\_\_\_  
 [Signature Icon] YOUR SIGNATURE

\_\_\_\_\_  
 [Calendar Icon] DATE

☞ Form to be submitted with the tax return seeking the refund.

