



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF INDIVIDUAL TAXES
PO BOX 280602
HARRISBURG PA 17128-0602

APPLICATION FOR REFUND/ REBATE DUE THE DECEDENT

Please Print or Type

| | | |
|---|------------------|-----------------------------------|
| Name of Decedent | Date of Death | Decedent's Social Security Number |
| Name and Address of Person Filing for Refund/Rebate | | |
| _____ (NAME) | | |
| _____ (NUMBER AND STREET) | | |
| _____ (TOWN OR CITY) | _____ (STATE) | _____ (ZIP CODE) |

I am filing this application as (*select only one block*)

1. The surviving spouse. (Attach a copy of the decedent's death certificate.)
2. The personal representative of the decedent's estate. (Attach a copy of a short certificate or court order showing your appointment.)
3. The personal representative of the decedent where a will has **NOT** been probated or where there is no will. (Attach a copy of the decedent's death certificate and a receipted copy of the claimant's funeral bill showing you personally paid for the funeral or other proof that you are personally responsible for the funeral expenses. State your relationship to the decedent: _____ . Sign the affidavit below and have your signature notarized.)

AFFIDAVIT (complete only if Box No. 3 is selected)

I am making a request for monies due the decedent and certify that the information provided on this claim has been examined by me and is, to the best of my knowledge, true and correct. Any monies that I receive as a result of this claim will be disbursed according to the laws of the Commonwealth of Pennsylvania.

(SIGNATURE OF PERSON FILING THIS CLAIM)

NOTARIZATION

Subscribed and sworn before me this _____ day of _____ 20____ .

(SIGNATURE OF NOTARY PUBLIC)