FORM 209
DELAWARE CLAIM FOR REFUND DUE ON BEHALF OF DECEASED TAXPAYER

DECEDENT'S NAME

DATE OF DEATH M M | D D | Y Y

DECEDENT'S SOCIAL SECURITY NUMBER

CLAIMANT'S NAME

CLAIMANT'S SOCIAL SECURITY NUMBER

CLAIMANT'S ADDRESS

CITY

STATE

ZIP CODE

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?		
2a.	Has a personal representative been appointed by a court for the estate of the decedent?		
2b.	If "NO", will one be appointed?		

If 2a or 2b is answered "YES", the personal representative must file for the refund

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?		

If 3 is answered "No", a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under state law, to receive the refund.

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.

Claimant's Signature

M M | D D | Y Y

Date