

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

DECEDENT'S NAME:

[Text box for Decedent's Name]

DATE OF DEATH:

MM | DD | YY

DECEDENT'S SOCIAL SECURITY NUMBER:

[Social Security Number grid]

CLAIMANT'S NAME:

[Text box for Claimant's Name]

CLAIMANTS SOCIAL SECURITY NUMBER:

[Social Security Number grid]

CLAIMANT'S ADDRESS:

[Text box for Claimant's Address]

CITY:

[Text box for City]

STATE:

[Text box for State]

ZIP CODE:

[Text box for 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

Table with 3 rows of questions and 2 columns: YES, NO. Questions include: Did the decedent leave a will?, Has a personal representative been appointed by a court for the estate of the decedent?, If "NO", will one be appointed?, 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?.

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:

MM | DD | YY
Date:

