FOR
CALENDAR YEAR
0000
2023

	131	For Forms	140, 140A, 140	EZ, 140NR,		and 140X		202	23
			Please print or t	ype.		MON	TH YE	۸D	
	☐ For calendar year dec	edent was due a	refund: <u>2,0,2</u>	<u>3</u> _ OR □Fi	scal year				
1 Decedent's Name (last, first, middle initial) 2 Date of Death 3 Decedent's							Social Security Number		
4 Name of Person Claiming Refund (last, first, middle initial) Daytime Phone (with area code) 5 Claimant's Social Sect 94							ity Nu	mber or l⁻	ΓΙΝ
6 Ho	me Address of Person Claiming Re	efund - number and st	reet, rural route	Apt. No.	REVENUE I 88	JSE ONLY. DO N	OT MA	rk in thi	S AREA.
7 City	y, Town or Post Office	Sta	te ZIP Code	I					
8 Cla	imant's Relationship to Decedent				-				
Part	1 Check the box that app Be sure to complete Pa		ck only one box.		81 PM		80	RCVD	
9a	Surviving spouse claim		d on a joint returr	۱.					
9b 9c	 Court-appointed or cert Include a court certificat Person other than 9a of See instructions and constructions 	te (issued after d r 9b claiming refu	eath) showing you nd for the decede		t.				
Part	2 Complete Part 2 only it Did the decedent leave a v	<u> </u>						YES	NO
10a	Did the decedent leave a v	viii ?					10a		
10b Has a personal representative been appointed for the estate of the decedent?							10b		
10c If you answered "No" on line 10b, will one be appointed? If you answered "Yes" to 10b or 10c, and you are <i>not</i> the personal representative (or executor of the decedent's will) do not file this form. The personal representative or executor must file for the refund.							10c		
11	As the person claiming the according to the laws of th						11		
	If you answered "No" on lir showing your appointment you are entitled under stat	as personal repr	esentative or until						
Part	3								
	uest a refund of taxes overpa e on this form have been e	•		•	• •	•			

Signature of Person Claiming Refund

Date