

FINAL INCOME TAX RETURN FOR DECEASED TAXPAYER

Tax Year: 20_____

1. DECEASED TAXPAYER INFORMATION

Full Name of Deceased:	_____
Social Security Number / TIN:	_____
Date of Birth:	_____
Date of Death:	_____
Last Known Address:	_____
Filing Status at Date of Death:	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Qualifying Surviving Spouse

2. PERSONAL REPRESENTATIVE / EXECUTOR INFORMATION

Full Name of Representative:	_____
Relationship to Deceased:	_____
Mailing Address:	_____
Phone Number:	_____
Email Address:	_____
Authority Type:	<input type="checkbox"/> Court-Appointed Executor/Administrator <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Other Legal Representative

3. INCOME & DEDUCTIONS SUMMARY

Line	Description	Amount (\$)
1	Wages, Salaries, Tips (as reported on Form W-2 prior to death)	_____
2	Taxable Interest and Dividends received prior to death	_____
3	Business Income or Loss (Schedule C / Schedule K-1)	_____
4	Pensions, Annuities, and Retirement Distributions (Form 1099-R)	_____
5	Other Income (Capital Gains, Real Estate, etc.)	_____
6	Total Gross Income (Add Lines 1 through 5)	_____
7	Standard Deduction or Itemized Deductions	_____
8	Taxable Income (Subtract Line 7 from Line 6)	_____

4. TAX PAYMENTS & REFUND / BALANCE DUE

9	Total Tax Liability	_____
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10	Federal Income Tax Withheld (from Form W-2 / 1099)	_____
11	Estimated Tax Payments Made	_____
12	Total Payments (Add Lines 10 and 11)	_____
13	Amount Owed (If Line 9 is larger than Line 12, enter difference)	_____
14	Overpayment / Refund Due (If Line 12 is larger than Line 9, enter difference)	_____

5. SIGNATURES & DECLARATION

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

_____	_____
Signature of Personal Representative / Executor / Surviving Spouse	Date
_____	_____
Printed Name of Signatory	Capacity of Signatory (e.g., Executor, Administrator, Surviving Spouse)

Document intended for final tax planning and record-keeping purposes for deceased estate administration.