

# FEDERAL INCOME TAX RETURN FOR DECEASED TAXPAYER

Form 1040-D (Final Return)



## 1. DECEDENT INFORMATION

FULL NAME OF DECEDENT

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE OF DEATH

TAX YEAR OF FINAL RETURN

LAST KNOWN ADDRESS (NUMBER, STREET, APT. NO.)

CITY

STATE

ZIP CODE

## 2. FILING STATUS

- Single  
 Married Filing Jointly (with surviving spouse)  
 Married Filing Separately  
 Qualifying Surviving Spouse

## 3. PERSONAL REPRESENTATIVE / EXECUTOR / FIDUCIARY INFORMATION

Complete if the return is being filed by a court-appointed representative or surviving spouse.

NAME OF REPRESENTATIVE / SURVIVING SPOUSE

RELATIONSHIP TO DECEDENT

MAILING ADDRESS (NUMBER, STREET, APT. NO.)

CITY

STATE

ZIP CODE

## 4. INCOME & TAX SUMMARY (UP TO DATE OF DEATH)

No.	Description of Income / Deduction	Amount (\$)
1	Wages, Salaries, Tips, etc.	

No.	Description of Income / Deduction	Amount (\$)
2	Taxable Interest Income	
3	Dividend Income	
4	Pensions, Annuities, or IRA Distributions	
5	Other Taxable Income (Capital Gains, Business, etc.)	
6	<b>Total Gross Income</b> (Add lines 1 through 5)	
7	Standard Deduction or Itemized Deductions	
8	<b>Taxable Income</b> (Subtract line 7 from line 6)	
9	Total Tax Liability	
10	Total Tax Payments/Withholdings	
11	<b>Refund Due</b> (If line 10 is larger than line 9)	
12	<b>Amount Owed</b> (If line 9 is larger than line 10)	

### 5. SIGNATURES AND DECLARATIONS

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

**SIGNATURE OF REPRESENTATIVE, EXECUTOR, OR SURVIVING SPOUSE**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SURVIVING SPOUSE (IF FILING JOINTLY)

\_\_\_\_\_  
DATE