

FINAL INCOME TAX RETURN FOR DECEASED ESTATE

Tax Year: 20_____

1. DECEASED TAXPAYER INFORMATION

Full Name of Deceased: _____

Social Security Number / TIN: _____

Date of Birth: _____

Date of Death: _____

Marital Status: _____

Last Known Address: _____

2. LEGAL REPRESENTATIVE / EXECUTOR INFORMATION

Name of Representative: _____

Relationship to Deceased: _____

Phone
Number: _____

Mailing Address: _____

Email Address: _____

Check if court-appointed executor or administrator (Attach Letters of Administration / Probate Court order)

3. INCOME IN RESPECT OF DECEDENT (REPORTING PERIOD: JAN 1 TO DATE OF DEATH)

Source of Income	Amount (\$)
Wages, Salaries, and Tips (Form W-2)	
Taxable Interest Income (Form 1099-INT)	
Dividend Income (Form 1099-DIV)	
State/Local Tax Refunds	
Pensions, Annuities, and IRA Distributions	
Business Income or Loss (Schedule C)	
Capital Gains or Losses (Schedule D)	
Other Income (Specify): _____	
TOTAL GROSS INCOME	

4. DEDUCTIONS, EXEMPTIONS, AND CREDITS

Deduction Description	Amount (\$)
Standard Deduction or Itemized Deductions	
Medical Expenses (paid prior to death)	
State and Local Taxes Paid	
Other Deductions (Specify): _____	
TOTAL DEDUCTIONS	

5. TAX CALCULATION & SETTLEMENT

Taxable Income (Gross Income minus Deductions)	
Total Tax Liability	
Federal Income Tax Withheld (from W-2, 1099)	
Estimated Tax Payments Made for Tax Year	
REFUND DUE (If payments exceed tax liability)	
TAX DUE / BALANCE OWED (If tax liability exceeds payments)	

6. DECLARATION AND SIGNATURES

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. I certify that I am authorized to sign this return on behalf of the deceased taxpayer and their estate.

Signature of Personal Representative / Executor

Date

Paid Preparer's Name

Paid Preparer's Signature

PTIN/ Date