

DECEASED PERSON FINAL TAX RETURN

Federal & State Tax Administration

1. DECEASED TAXPAYER INFORMATION

FIRST NAME & MIDDLE INITIAL _____
LAST NAME _____
SOCIAL SECURITY NUMBER / TIN _____
DATE OF BIRTH _____
DATE OF DEATH _____
LAST KNOWN ADDRESS (STREET, APT/SUITE) _____
CITY, STATE, & ZIP CODE _____

2. LEGAL REPRESENTATIVE / EXECUTOR INFORMATION

NAME OF EXECUTOR / ADMINISTRATOR / REPRESENTATIVE _____
RELATIONSHIP TO DECEASED _____
MAILING ADDRESS (STREET, APT/SUITE) _____
CITY, STATE, & ZIP CODE _____
PHONE NUMBER _____
EMAIL ADDRESS _____
 Check here if you are a court-appointed personal representative (attach court certificate)

3. INCOME AND TAX SUMMARY (UP TO DATE OF DEATH)

Line	Type of Income / Deduction	Amount (\$)
1	Wages, Salaries, Tips, and Other Compensation	
2	Taxable Interest Income	
3	Dividend Income	
4	Pensions, Annuities, and Retirement Distributions	
5	Other Income (Capital Gains, Business, Rental, etc.)	
6	Gross Income (Add Lines 1 through 5)	
7	Standard Deduction or Itemized Deductions	
8	Taxable Income (Subtract Line 7 from Line 6)	
9	Total Tax Liability	
10	Total Federal Income Tax Withheld	
11	Refund Due (If Line 10 is greater than Line 9)	
12	Amount Owed (If Line 9 is greater than Line 10)	

4. SIGNATURE AND 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. I certify that I am authorized to file this return on behalf of the deceased taxpayer.

Signature of Personal Representative / Executor / Fiduciary

Date