

Form **1310**

(Rev November 2005)

Department of the Treasury
Internal Revenue Service

**Statement of Person Claiming
Refund Due a Deceased Taxpayer**

OMB No. 1545-0074

▶ See instructions.

Attachment
Sequence No. **87**

Tax year decedent was due a refund:

Calendar year **2005**, or other tax year beginning _____, and ending _____

Please type or print	Name of decedent INA R HENDERSON	Date of death 5/21/05	Decedent's social security number 306-14-8007
	Name of person claiming refund WALTER C. ROBBINS	Your social security number 315-07-0428	
	Home address (number and street). If you have a P.O. box, see instructions 8400 W. CO. RD. 400 S.		Apartment number
	City, town or post office. If you have a foreign address, see instructions YORKTOWN, IN 47396		State ZIP code

Part I Check the box that applies to you. Check only one box. **Be sure to complete Part III below.**

- A Surviving spouse requesting reissuance of a refund check (see instructions).
- B Court-appointed or certified personal representative (see instructions). Attach a court certificate showing your appointment, unless previously filed (see instructions).
- C Person, **other** than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II Complete this part only if you checked the box on line C above.

	Yes	No
1 Did the decedent leave a will?		X
2a Has a court appointed a personal representative for the estate of the decedent?		X
b If you answered 'No' to 2a, will one be appointed?		X
If you answered 'Yes' to 2a or 2b, the personal representative must file for the refund.		
3 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	X	
If you answered 'No' to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III Signature and verification. All filers must complete this part.

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶

Date ▶