State of Rhode Island Division of Taxation

Form RI-1310

Statement of Claimant to Refund Due - Deceased Taxpayer

14103899990101

Name of decedent	Date of death	Social security number
XXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXX	09/06/2022	999999999

Address	City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999

Name of claimant
XXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address	City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999

I am filing this statement as (check only one box):

A ☒ Administrator or executor. Attach a court certificate showing your appointment.

B ☒ Claimant, for the estate of the decedent, other than the above.
Complete Schedule A and attach a copy of the death certificate or proof of death.

Please attach any requested information. If applicable, complete Schedule A. All claimants must sign below.

Schedule A - Complete only if you checked "B" above.

		Yes	No
1	Did the deceased leave a will?	☒	☒
2a	Has an administrator or executor been appointed for the estate of the decedent?	☒	☒
b	If "No", will one be appointed?	☒	☒

If 2a or 2b is checked "Yes", do not file this form. The administrator or executor should file for the refund.

IMPORTANT

If the claimant is a surviving spouse and the decedent dies in the current tax year prior to filing a joint tax return, this form does not need to be completed. Check the "deceased" box next to the decedent's name on your return. Enter "Filing as Surviving Spouse" on the signature line for the decedent, then sign on the line provided.

INSTRUCTIONS

1. Enter the name, date of death, social security number and last known address for the deceased taxpayer.
2. Enter the name and current address of the person or firm to whom the refund is to be paid.
3. Check off either box A or B.
4. Attach the documentation required.
5. Sign the form and either attach it to the Rhode Island income tax return being filed, or if the return has already been filed, mail it to the address below.

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

Claimant signature	Print name	Date	Telephone number

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908

DRAFT 09/08/2022