For Calendar Year						l	FOR OFFICE USE ONLY  Date received	
• Please attach	or other taxable you	_	_	tificate.	_ and ending,	)		
Decedent					Claimant			
Name of <b>Decedent</b>					Name of Claimant			
Date of Death Decedent's Social Security Number*			ecurity Number*	Claimant's Social Security Number Telephone Number				
Street Address (perm	anent residence o	r domicile o	on date of o	death)	Street Address			
City		St	tate	ZIP Code	City		State ZIP Code	
<ol> <li>Has a person Note: If "Yes,"</li> <li>Has a Small Note: If "Yes,"</li> <li>Has the prob Note: If "Yes,"</li> <li>If the estate         <ul> <li>(a) Person</li> </ul> </li> </ol>	nal represent the personal Estate Affidate the responsionate or small claimant from the total claimant from the total represent the terms of the ter	tative for representative party lestate of number patted, I and attitute of the state of the sta	r the estative mentative m	tate been appound that claim the reference of the county of the county of the county of the county of this statement (Attach a county)	clerk? (ORS 114.515) davit must claim the refund	······································	Yes	□No □No □No
For Nonproba	ed or Close	ed Estat	tes-					
agencies ex	eed \$10,00	0?			vages) from all state of C			□No
6. If the estate		•					EVENUE FINANCE USE ONLY	
Surviving Children Parents o	spouse.	lent or c ent. rs of the	children	of a deceased	eck one box only): child of the decedent.			
				Signature	and Verification			
I promise to us	e all of the m	noney to	pay the	e expenses of	the last illness and funer	al of the ded	cedent if necessary	<b>y</b> .
lf, after paymer personal repres		ck by th	e state t	treasurer, the c	lecedent's estate is prob	ated, I pron	nise to account full	ly to the
•	•		-	•	s entitled to share in this that there are not kin wh			
I declare under	the penaltie	s of fals	e swear	ing that the sta	atements herein are true			

Telephone Number

\*Social Security number is required for identification purposes. OAR 150-305-100.

Date

Signature of Claimant

X

## **General instructions**

## Purpose of this form

Use **Form 243**, *Claim to Refund Due a Deceased Person*, to claim a tax refund on behalf of a deceased taxpayer.

#### Who should use this form?

An heir of a deceased taxpayer **must** file Form 243 to claim a refund when there is no court appointed representative.

If the court has appointed a personal representative, or a small estate affidavit has been filed, Form 243 is **not required.** 

If you are a trustee of a revocable inter vivos trust, you should be able to cash a refund check issued in the name of the decedent. If you are unable to cash the check, return it with the completed Form 243 and a copy of the death certificate.

## What you need to know

#### For nonprobated or closed estates:

You may file this form at the time you file the return. Staple the form and a **copy of the death certificate** to the front of the return below line 8. Mail to the address on the return.

If you have received a check in the decedent's name and are unable to cash it, return the check and the completed Form 243 with a **copy of the death certificate attached.** The refund check will be reissued in the name of the claimant as indicated on Form 243.

## For probated estates:

If the personal representative files this form to claim the deceased person's refund for the estate, attach a copy of the court appointment or a copy of the affidavit. The refund check will be issued in the deceased person's name, in care of the personal representative.

### To avoid refund delays, remember to:

- Check all the boxes (either yes or no).
- Attach a copy of the death certificate.
- Attach a copy of the court appointment, if any.
- Have claimant sign the form.

# Taxpayer assistance

General tax information	www.oregon.gov/DOR
Salem	503-378-4988
Toll-free from an Oregon prefix	x1-800-356-4222

**Correspondence:** Estate Audit, Business Division

Oregon Department of Revenue

PO Box 14110 Salem OR 97309-0910

#### Asistencia en español:

Salem	503-378-4988
Gratis de prefijo de Oregon	1-800-356-4222

### TTY (hearing or speech impaired; machine only):

Salem	. 503-945-8617
Toll-free from an Oregon prefix1	-800-886-7204

**Americans with Disabilities Act (ADA):** Call one of the help numbers for information in alternative formats.