

KANSAS DEPARTMENT OF REVENUE

Decedent Refund Claim

IMPORTANT: Complete a RF-9 form for each tax year and *each* refund type. Also enclose proof of death with each return. Refer to the instructions on the reverse to complete an accurate claim for refund on behalf of a decedent.

REFUND TYPE. (Check one)

☐ **Form K-40**, Individual Income Tax/Food Sales Tax Refund ☐ **Form K-40H**, Kansas Homestead Claim

REFUND TAX YEAR. Calendar year: _____, or fiscal year ending _____
mm/dd/yyyy

DECEDENT INFORMATION — PLEASE TYPE OR PRINT.

Name of Decedent	Date of Death	Social Security Number of Decedent
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CLAIMANT INFORMATION — PLEASE TYPE OR PRINT.

Name of Claimant		Social Security Number or EIN
Address of Claimant		
City	State	Zip Code
Relationship to Decedent	Daytime Telephone Number, including Area Code	

I am filing this request for the decedent's refund as (check only one box):

- ☐ Surviving spouse. The refund claim is for a joint income tax return, or homestead claim of a deceased spouse. A copy of the death certificate or proof of death is enclosed.
- ☐ Decedent's personal representative. A court certificate of my appointment and proof of death are enclosed.
- ☐ Heir at law. No estate proceedings were held and there is no surviving spouse. A copy of the death certificate or proof of death is enclosed. I shall distribute the refund to the decedent's following heirs at law.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

I agree to hold the state of Kansas and its agents harmless from any claim and all costs that may arise out of delivery of the decedent's refund to me. I understand that I am required by Kansas law to distribute the refund to the decedent's estate or heirs.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete claim.

<p>X</p> <p>_____ Signature of Claimant</p>	<p>_____ Date</p>
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