



Survivor's Affidavit

Request for refunds under section 1310 SCPA

The State of New York
County of _____ :

_____, being duly sworn, deposes and says that:
(Print name)

(1) (S)he resides at _____,
town
village of _____, in the county of _____
city
and the state of _____, with the ZIP code _____.

(2) (S)he is the:

- (A) surviving spouse *(Complete Part I if you are submitting this affidavit pursuant to SCPA 1310(2). Complete Part II if you are submitting this affidavit pursuant to SCPA 1310(3).)*
- (B) child; 18 years or older *(complete Part II)*
- (C) father or mother *(complete Part II)*
- (D) brother or sister *(complete Part II)*
- (E) niece or nephew *(complete Part II)*

of the decedent _____ (decedent's social security number _____)
(print name of deceased taxpayer)
who died on the _____ day of _____, _____.
(month) (year)

Part I

If box (A) is checked and this affidavit is being submitted pursuant to SCPA 1310(2), I attest that:

- (1) I am the surviving spouse of the decedent.
- (2) Probate of the decedent's estate has not begun. No fiduciary of said estate has qualified or been appointed.
- (3) No designation of a beneficiary is in effect.
- (4) At the time of his/her death, there was due and owing to said decedent from the New York State Department of Taxation and Finance,
the sum of _____ (\$ _____) dollars
for _____.
- (5) I make this affidavit to obtain payment to me of the sum of _____ (\$ _____) dollars in full (or partial) satisfaction of the aforesaid debt due and owing to the decedent.
- (6) The payment requested herein and all payments received by me under the provisions of SCPA 1310(2) do not in the aggregate exceed thirty thousand (\$30,000) dollars.



Part II

If box (B), (C), (D), or (E) is checked, or if box (A) is checked and this affidavit is being made pursuant to SCPA section 1310(3), I attest that:

- (1) I am the _____ of the decedent.
(specify relationship to decedent)
- (2) Probate of the decedent's estate has not begun. No fiduciary of the estate of said decedent has qualified or been appointed.
- (3) No designation of a beneficiary is in effect.
- (4) 30 or more days have elapsed after the death of the decedent.
- (5) At the time of his/her death, there was due and owing to said decedent from the New York State Department of Taxation and Finance,
the sum of _____ (\$ _____) dollars
for _____ .
- (6) I make this affidavit to obtain payment in the amount of _____ (\$ _____) dollars in full (or partial) satisfaction of the aforementioned debt, which will be paid to the following named persons who are entitled to and who will receive payment as follows *(attach additional sheets if necessary)*:

_____	_____	_____
<i>(name)</i>	<i>(address including ZIP code)</i>	<i>(amount)</i>
_____	_____	_____
<i>(name)</i>	<i>(address including ZIP code)</i>	<i>(amount)</i>
_____	_____	_____
<i>(name)</i>	<i>(address including ZIP code)</i>	<i>(amount)</i>
_____	_____	_____
<i>(name)</i>	<i>(address including ZIP code)</i>	<i>(amount)</i>

- (7) The payment herein requested and all other payments made under the provisions of SCPA 1310 by all debtors known to me after diligent inquiry made by me do not in the aggregate exceed the sum of fifteen thousand (\$15,000) dollars.

Signature _____

Printed name _____

Subscribed and sworn to
before me this _____
day of _____, 20 ____

Mail this signed and notarized affidavit along with a
copy of the decedent's death certificate to:

**NEW YORK STATE TAX DEPARTMENT
PIT REFUND ISSUING
BUILDING 8, ROOM 631
W A HARRIMAN CAMPUS
ALBANY NY 12227**

Notary Public - Commissioner of Deeds

