

Office of the Illinois State Treasurer
PETITION FOR ESTATE TAX REFUND

This form must be notarized and mailed to the following address:

Illinois State Treasurer's Office
Attn: Estate Tax Section
1 East Old State Capitol Plaza
Springfield, IL 62701

For assistance completing this form, please call (800) 252-8919

In case our Office has questions on this completed form, please provide a contact name, phone number and email address:

Contact Name _____ Number _____ Email _____

DECEDENT NAME: _____ DECEDENT SSN: _____

DATE OF DEATH: _____ COUNTY OF ASSESSMENT: _____

Total amount of Tax, Interest and Penalties Assessed on the Estate by the Attorney General's Office:

\$ _____ enclose copies of all Attorney General Certificate(s) of Discharge and Determination of Tax

Attorney General's Estate Tax File No: _____ found on AG Certificate of Discharge

Total Payment(s) Made on Behalf of Estate: \$ _____ enclose copies of all payment receipt(s)

Amount of **Refund Requested**: \$ _____

MAKE REFUND PAYABLE TO: _____ (not to exceed 30 characters)

(Example: Estate of John Doe)

Attention or Address Line 1: _____ (not to exceed 30 characters)

Address Line 2: _____ (not to exceed 30 characters)

City: _____ **State:** _____ **Zip:** _____

Signature of duly appointed Estate Representative

Title/Authority of duly appointed Estate Representative

(For example, Administrator, Executor, Trustee, etc.)

State of _____

County of _____

Signed and sworn (or affirmed) to before me on _____ (date) by

(name of duly appointed Estate Representative).

(Signature of Notary Public)

(Seal)