



Survivor's Affidavit

Request for refunds under SCPA section 1310

Note: We will not process your request unless you are a **qualified recipient** listed on line 2 and you enclose the **refund check**.

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 *(mark an X in the appropriate box):*

- (A) surviving spouse *(Complete Part 1 if you are submitting this affidavit pursuant to SCPA 1310(2). Complete Part 2 if you are submitting this affidavit pursuant to SCPA 1310(3).)*
- (B) child; 18 years or older *(complete Part 2)*
- (C) father or mother *(complete Part 2)*
- (D) brother or sister *(complete Part 2)*
- (E) niece or nephew *(complete Part 2)*

of the decedent _____ (decedent's Social Security number _____)
(print name of deceased taxpayer)

who died on the _____ day of _____, _____.
(month) (year)

Part 1

If box (A) is marked 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 2

If box (B), (C), (D), or (E) is marked, or if box (A) is marked 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>(Social Security number)</i>	<i>(address including ZIP code)</i>	<i>(amount)</i>
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- (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:

**NYS TAX DEPARTMENT
PSSB-REFUND ISSUING UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0125**

Notary Public - Commissioner of Deeds

