

**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  
400 W. Monroe St. - 4th Fl.  
Springfield, IL 62704-1800

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)