	Form MO-1310D Form MO-1310D Refund Due a Dec									
Decedent Information	Tax year decedent was due a refun Calendar Year or Fiscal Year First Name Spouse's First Name	Beginning (M.I. La M.I. S	MM/DD/YY) Fis		inding (MM/		Social Secu Spouse's So	Date of Dea	ath (MM/DD/YY)
Claimant Information	Present Address (Include Apartment Number or Rural Route) City, Town, or Post Office State ZIP Code Check the one box that applies to you.									
ions Signature	I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I decla the best of my knowledge and belief, it is true, correct, and complete. Signature of claimant Email Address This form is to be completed when claiming a refund for a deceased taxpayer. For the latest information Who Must File: If you are claiming a refund on behalf of a deceased taxpayer, you must complete Form							Date (MM/DD/YY) Telephone Number o on Form MO-1310D visit dor.mo.gov.		
Instructions	You are not a surviving spouse filing an original or amended joint return with the decedent; and You are not a personal representative filing, for the decedent, an original Form MO-1040 or MO-1040A that has a court certificate showing your appointment attached. Mail to: Missouri Department of Revenue Form MO-1310D (Revised 11-2022									

P.O. Box 2200 Jefferson City, MO 65105-2200

Phone: (573) 751-3505 Fax: (573) 522-1762 Visit dor.mo.gov/taxation/individual for additional information.