

**Request for Duplicate
Tax Form of Decedent**
AD1264 REV 1/24



California State Teachers' Retirement System
P.O. Box 15275
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

[For CalSTRS' Official Use Only]

Generally, tax returns and return information are confidential. CalSTRS may issue a copy of a deceased payee's final Form 1099-R, 1099-MISC, 1042-S, or W-2 upon written request by an authorized representative of the payee's estate. An authorized representative is a personal representative, an estate administrator, executor, trustee of such estate, surviving spouse filing a joint return or other persons authorized under 26 USCS 6103(e) having a material interest which will be affected by the information contained therein.

Please complete this form and **attach copies of the death certificate (unless already submitted)** and **documentation supporting your authority** to receive the information requested. Supporting documentation includes:

- Copies of court certified letters of testamentary or letters of administration appointing you as the personal representative of the estate
- A valid trust instrument appointing you as trustee
- A letter appointing you as guardian or conservator of the executor
- A copy of power of attorney to act on behalf of the executor
- Other documentation supporting that you are authorized to receive the decedent's tax information

Section 1: Decedent Information

Provide member's Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

MEMBER'S LAST KNOWN MAILING ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

DATE OF DEATH (MM/DD/YYYY)



Section 2: Requestor Information

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

CITY

STATE

ZIP CODE

TITLE (Personal Representative, Administrator, Executor, Trustee, Surviving Spouse, Statutory Executor)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

CONTACT TELEPHONE

Section 3: Authority to Receive Information

Please indicate the authority of your relationship to the decedent's estate:

- Surviving spouse filing an original or amended joint return with the decedent
- Decedent's personal representative (executor or administrator of the decedent's estate and appointed, authorized or certified by a court)
- Trustee of estate with valid trust instrument and amendments
- Court appointment as guardian or conservator of the executor
- Authorized attorney or other person holding power of attorney [POA] to act on behalf of the executor (*Note: This is rare. The authority under a POA is terminated upon the death of the principal. A Power of Attorney can only grant authority to act on behalf of a living executor.*)
- Statutory Executor. A person in actual or constructive possession of any property of decedent and no executor or administrator has been appointed, qualified, and acting within the U.S who has a material interest which will be affected by the return information contained therein (26 USCS § 2203)

Section 4: Tax Year(s) Requested

Tax year(s) requested: _____

Section 5: Required Signature

Certification

I declare that I am authorized to obtain the tax information requested. I declare that I am the personal representative and, either the duly appointed executor or administrator for the above-named decedent's estate, the surviving spouse or, if no executor or administrator has been appointed, a person in actual or constructive possession of any property of the decedent who has a material interest which will be affected by the return information contained therein, the attorney representing such individual or a person with a power of attorney to act on behalf of the executor. I certify that I have the legal authority to execute this form on behalf of the decedent. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126). I also understand that to willfully prepare or present a document that is fraudulent or false is a felony under Penal Code section 134.

By signing below, the signatory attests that they have read the attestation clause and upon so reading declares that they have the legal authority to sign Form AD1264.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	SIGNATURE DATE (MM/DD/YYYY)
AUTHORIZED REPRESENTATIVE'S PRINTED NAME (LAST, FIRST, INITIAL)	

Section 6: How to File

Please mail or fax this form and supporting documentation to:

CalSTRS
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275

Fax: 916-414-5040