

Request for Duplicate Tax Form of Decedent

AD 1264 NEW 01/20

CALSTRS®

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

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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, 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 5: Required Signature

Certification

I declare that I am either the duly appointed executor or administrator for the above-named decedent's estate 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 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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	SIGNATURE DATE (MM/DD/YYYY)
AUTHORIZED REPRESENTATIVE'S PRINTED NAME (LAST, FIRST, INITIAL)	
TITLE (EXECUTOR, ADMINISTRATOR, TRUSTEE, OR AUTHORIZED REPRESENTATIVE)	

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