

SALES TAX CLAIM FOR REFUND
FILE WITH
STATE OF GEORGIA
DEPARTMENT OF REVENUE
SALES AND USE TAX DIVISION
1800 Century Center Boulevard, NE, Ste. 8214
Atlanta, Georgia 30345-3205
Telephone: (404) 417-6601
 (EXECUTE AND FILE IN TRIPLICATE.)

Name of Taxpayer _____

Trade Name of Business _____

Business Address _____

City or Town _____ County _____ State _____ Zip Code _____

Present Mailing Address _____

City or Town _____ State _____ Zip Code _____

Sales Tax Certificate No. _____ STI Number _____ Soc. Sec. No. _____

Kind of Tax – Sales [] Use [] Amount Paid \$ _____ Amount Claimed as Refund \$ _____

Period (s) of Claim _____

Claimant verily believes that this claim should be allowed for the following reasons: (State in detail the factual and legal basis of claim. Attach additional pages if necessary.)

Under penalties of perjury I swear that I have examined this claim and that the facts given in the claim and in the supporting documents are true and correct.

Signed this _____ day of _____, 20 _____

SIGNATURE OF CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT

Title

(If attorney in fact, attach power of attorney Form RD-1061)

**DEPARTMENT USE ONLY
AUDITOR CERTIFICATION**

I certify that I have made an examination of the claim and facts submitted by the taxpayer and recommend that the amount indicated herein be allowed and refunded.

Examining Auditor to complete items 1 through 8, including 5 if applicable, and the applicable tax distribution schedule

Period of Audit _____

| | A – STATE | B – MARTA/SPECIAL | C – LOCAL | D – MOTOR FUEL | TOTALS |
|---|-----------|-------------------|-----------|----------------|--------|
| 1. Amount Claimed | | | | | |
| 2. Amount Rejected | | | | | |
| 3. Additional Tax, Penalty and/or Interest Assessed or to be refunded | | | | | |
| 4. Amount Allowed | | | | | |
| 5. Amount Interest | | | | | |
| From _____ | | | | | |
| To _____ | | | | | |
| 6. Total Cols. A, D, C and D | | | | | |

7. Total Refund

8. Approved for Credit Memorandum [] Cash Refund []

Verified By _____
EXAMINING AUDITOR

Approved By _____
TITLE

Examined and
Approved By _____
REFUND SECTION

DATE _____ 20 ____.

Based on the facts as stated in this claim for refund and on the certificate of the Examining and Approving Auditor, as above, it is directed that a _____ be issued in the amount of \$ _____.

DIRECTOR