

E-588J (SD)

3/17/15

Claim for Refund Certain Machinery and Equipment Tax

North Carolina Department of Revenue

Account ID 123456789

Period Beginning 12 45 78 Period Ending 12 45 78

SSN FEIN 123456789

ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLM

ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLM

ABCDEFGHIJKLM

ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST

AB 12345

Name of Person if We Should Have Questions About this Claim

Contact Telephone

Date of Payment

ABCDEFGHIJKLMN OP A ABCDEFGHIJKLMN OP 1234567890

12 45 78

Location of Records

ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST

AB 12345

	Tax
1. Amount of Tax Paid on Form E-500J	1. 12345678.01
2. Corrected Tax	2. 12345678.01
3. Amount of Refund Requested	3. 12345678.01

Basis of Claim:

ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
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I certify that, to the best of my knowledge, this claim is accurate and complete.

Mail To: PO Box 25000, Raleigh, NC 27640-0001

Signature: _____

Date: _____

Title: _____

Phone: () _____

For Departmental Use Only

Refund Approved:

Tax

As Filed

As Corrected

By: _____

Date: _____