

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 OPQRSTUVWXYZABCDEFGHIJKLMN
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN
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
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST
 ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST

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: _____