

E-588 (SD)
2-1-18

Business Claim for Refund State, County, and Transit Sales and Use Taxes North Carolina Department of Revenue

Account ID 123456789 Period Beginning 12 45 78 Period Ending 12 45 78

SSN FEIN 176453458

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Name of Person if We Should Have Questions About this Claim Contact Telephone Date of Payment
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZ
1234567890 12 45 78

Location of Records
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZ AB 12345

1. Name of Taxing County		1. TRANSYLVANIA	
	State Tax	Food, County & Transit Tax	
2. Amount of Tax Paid	2S. 12345678.01	2C. 12345678.01	
3. Corrected Tax	3S. 12345678.01	3C. 12345678.01	
4. Amount of Refund Requested	4S. 12345678.01	4C. 12345678.01	
5. Total Refund Requested		5. 12345678.01	

6. Allocation of Food, County & Transit Tax on Line 4			
Food 2.00% Tax	County 2.00% Tax	County 2.25% Tax	Transit 0.50% Tax
1234567.90	1234567.90	1234567.90	1234567.90

Basis of Claim:
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Does basis of claim originate from request for refund by customer: Yes No

Customer's Name:
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZ

Customer's Address:
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZ AB 12345

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

Food Tax	County 2.00% Tax	County 2.25% Tax	Transit Tax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund Approved: <input type="checkbox"/> As Filed <input type="checkbox"/> As Corrected		State Tax	Total Tax
		<input type="text"/>	<input type="text"/>

By: _____ Date: _____