

E-585S (SD)

Incentive Claim for Refund
State, County, and Transit Sales and Use Taxes

North Carolina Department of Revenue

1-25-18

SSN 999123456
Account ID 123456789 Period Beginning 12 34 56 Period Ending 12 34 56
NAICS Code 123456

ABCDEFGHIJKLMN... ABCDEFGHIJKL
Name of Person if We Should Have Questions About this Claim Contact Telephone
ABCDEFGHIJKLMN A ABCDEFGHIJKLMN 1234567890

ABCDEFGHIJ 999123456 123456789 123456 MRF A ERI A PMT A

Table with 6 columns: Item ID, Description, Code, Amount, Code, Amount. Rows include 01 ABCDEFGHIJKL 05S 12345678.01 10S 12345678.01, etc.



- Major Recycling Facility Refund - G.S. 105-164.14A(a)(2)
Eligible Railroad Intermodal Facility Refund - G.S. 105-164.14A(a)(7)
Professional Motorsports Team Refund - G.S. 105-164.14A(a)(5)

Part 1. Complete for all refunds except Professional Motorsports Team Refunds

Table with 3 columns: Description, State, County & Transit. Rows include 1. Name of Taxing County, 2. Total Refundable Purchases of Tangible Personal Property for Use on Which North Carolina Sales or Use Tax Has Been Paid Directly to Retailers, etc.

Part 2. Professional Motorsports Team or Related Member

Table with 3 columns: Description, State, County & Transit. Rows include 7. Name of Taxing County, 8. Total Refundable Purchases of Tangible Personal Property for Use on Which North Carolina Sales or Use Tax Was Paid, etc.

Part 3. Total Refund Requested

Table with 2 columns: Description, Amount. Rows include 11. Total Refund Requested, 12. Allocation of County & Transit Tax on Lines 6 and/or 10 (a. County 2.00% Tax, b. County 2.25% Tax, c. Transit 0.5% Tax)

I certify that, to the best of my knowledge, this return is accurate and complete. Mail To: PO Box 25000, Raleigh, NC 27640-0700

Signature: _____ Date: _____
Title: _____ Phone: () _____