

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 999123456

ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHI ABCDEFGHIJKLMN OPQRST ABCDEFGHIJKL  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHI AB 12345

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

Location of Records  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHI ABCDEFGHIJKLMN OPQRST 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:  
 ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRS  
 ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRS  
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 ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHIJKLMN OPQRS

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

Customer's Name:  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHI

Customer's Address:  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFGHI ABCDEFGHIJKLMN OPQRST 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"/>
		State Tax	Total Tax
		<input type="text"/>	<input type="text"/>
Refund Approved: <input type="checkbox"/> As Filed <input type="checkbox"/> As Corrected			
By: _____		Date: _____	