

E-585S (SD)

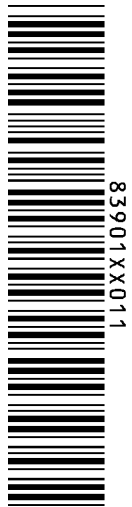
1-25-18

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

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

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

Table with columns for item number, description, amount, and tax type. Includes items 01 through 04C.



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 1-6.

Part 2. Professional Motorsports Team or Related Member

Table with 3 columns: Description, State, County & Transit. Rows 7-10.

Part 3. Total Refund Requested

Table with 2 columns: Description, Amount. Row 11.

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: ( ) \_\_\_\_\_