

Claims for refund of taxes paid during the first six months of the calendar year are due to be filed within the period July 1 through October 15 following the close of the first six months' period. Claims for refund of taxes paid during the last six months of the calendar year are due to be filed within the period January 1 through April 15 following the close of the last six months' period. (The Statute provides for the following penalties for claims filed late: (1) 25% of the tax if claim is filed within 30 days after the due date and (2) 50% of the tax if the claim is filed after 30 days but within 6 months of the due date. Refund claims filed after 6 months of the due date will be denied.)

**INSTRUCTIONS – REFUND OF COUNTY TAX**

In order for us to properly account for the county tax, it is necessary that the 2% county tax be shown separately on the reverse side of this form.

If you paid only one county's sales and use tax, you should enter the appropriate amounts on lines 2 through 6 for that county and enter the name of the county on line 1. If you paid more than one county's tax, you should enter the county names and appropriate amounts on lines 8 through 14, and lines 2 through 6 should reflect the applicable totals for all counties.

I hereby certify that the information contained in this claim for refund has been examined by me and to the best of my knowledge is a true, correct and complete application and that the tax for which refund is requested has been paid either to vendors, contractors or directly to the Department of Revenue, and such amount is substantiated by books and records of the claimant.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Please furnish the name and telephone number in the spaces provided below of the person we should contact if we have any questions regarding this claim, if different from above.

Name (Please Print) \_\_\_\_\_

Telephone No. \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

**REFUND AMOUNT APPROVED**

State \_\_\_\_\_

County 2% \_\_\_\_\_

Total \_\_\_\_\_

Revenue Field Auditor or Revenue Officer

Date