

E-585 (SD)

11-6-08

Nonprofit and Governmental Entity
Claim for Refund
State and County Sales and Use Taxes
North Carolina Department of Revenue

Account ID 123456789
FEIN 123456789
Period Beginning 12 45 78
Period Ending 12 45 78
ABCDEF...
Name of Person if We Should Have Questions About this Claim
Contact Telephone 1234567890
National Taxonomy of Exempt Entities No. 123
Nonprofit entity as defined in G.S. 105-164.14(b)
Governmental entity as defined in G.S. 105-164.14(c)

Table with columns: ABCDEFGHIJ, 123456789, 123456789, NE, A, GE, A, NTEEN, A23. Rows include 01 ABCDEFGHIJKL, 02S 12345678.01, 02C 12345678.01, 03S 12345678.01, 03C 12345678.01.

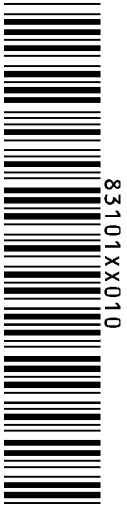


Table with 3 columns: 1. Name of Taxing County (1. TRANSYLVANIA), State, County. Rows 2-6: Total Purchases of Tangible Personal Property, Amount of Sales and Use Tax Paid Directly to Retailers, Amount of Sales and Use Tax Paid Indirectly on Building Materials and Supplies, Amount of Use Tax Paid Directly to the Department of Revenue by Your Organization, Total Tax.

7. Total Refund Requested 7. 12345678.01
8. Allocation of County Tax on Line 6
a. Food 2% Tax 123456.89
b. County 2.25% Tax 1234567.90
c. County 2.5% Tax 1234567.90
d. County 2.75% Tax 1234567.90
e. Mecklenburg Transit 0.5% Tax 123456.89

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
Refund Approved:
State Tax [] County Tax [] Total Tax []
[] As Filed
[] As Corrected
By: _____ Date: _____