

E-588 (SD)

10-1-08

# Business Claim for Refund State and County Sales and Use Taxes North Carolina Department of Revenue

Account ID 123456789

Period Beginning 12 45 78 Period Ending 12 45 78

SSN  FEIN 176453458

ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
ABCDEFGHI

ABCDEFGHIJKLMN  
OPQRST

ABCDEFGHIJKL  
AB 12345

Name of Person if We Should Have Questions About this Claim  
ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
ABCDEFGHI

Contact Telephone  
1234567890

Date of Payment  
12 45 78

Location of Records  
ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
ABCDEFGHI

ABCDEFGHIJKLMN  
OPQRST

AB 12345

1. Name of Taxing County		1. TRANSYLVANIA	
	State Tax	County 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 County Tax on Line 4			
Food 2% Tax 1234567.90	County 2.25% Tax 1234567.90	County 2.5% Tax 1234567.90	County 2.75% Tax 1234567.90
Additional County 1% Tax 1234567.90	Mecklenburg Transit 0.5% Tax 1234567.90		

Basis of Claim:  
 ABCDEFGHIJKLMN  
 OPQRSTUVWXYZ  
 ABCDEFGHIJKLMN  
 OPQRSTUVWXYZ  
 ABCDEFGHIJKLMN  
 OPQRSTUVWXYZ  
 ABCDEFGHIJKLMN  
 OPQRSTUVWXYZ  
 ABCDEFGHIJKLMN  
 OPQRSTUVWXYZ

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

<b>For Departmental Use Only</b>		
State Tax	County Tax	Total Tax
Refund Approved:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> As Filed		
<input type="checkbox"/> As Corrected	By: _____	Date: _____