

E-588J (SD)

9-24-07

Claim for Refund Machinery, Equipment, and Fuel Tax

North Carolina Department of Revenue

Account ID 123456789

Period Beginning 12 45 78 Period Ending 12 45 78

SSN FEIN 123456789

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ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLM
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST AB 12345

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

Location of Records
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST AB 12345

		Tax
1. Amount of Tax Paid on Form E-500J		1. 12345678.01
2. Corrected Tax		2. 12345678.01
3. Amount of Refund Requested		3. 12345678.01

Basis of Claim:
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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:	Tax []
<input type="checkbox"/> As Filed	
<input type="checkbox"/> As Corrected	By: _____ Date: _____