

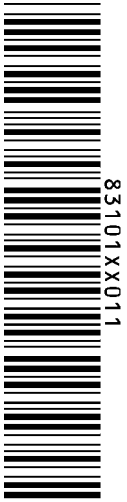
E-585 (SD)
11-9-09

Nonprofit and Governmental Entity 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
FEIN	123456789				
ABCDEFGHIJKLMN			OPQRSTUVWXYZ		
ABCDEFGHIJKLMN			OPQRSTUVWXYZ		
Name of Person if We Should Have Questions About this Claim			Contact Telephone	National Taxonomy of Exempt Entities No.	
ABCDEFGHIJKLMN A			1234567890	123 (For Nonprofit Entity Only)	
<input type="checkbox"/> Nonprofit entity as defined in G.S. 105-164.14(b) (Semiannually)			<input type="checkbox"/> Governmental entity as defined in G.S. 105-164.14(c) (Annually)		

ABCDEFGHIJ	123456789	123456789	NE	A	GE	A	NTEEN	A23
01	ABCDEFGHIJKL	04S	12345678.01			08A	123456.89	
02S	12345678.01	04C	12345678.01			08B	1234567.90	
02C	12345678.01	05S	12345678.01			08C	1234567.90	
03S	12345678.01	05C	12345678.01			08D	1234567.90	
03C	12345678.01	07	12345678.01			08E	123456.89	



1. Name of Taxing County	1. TRANSYLVANIA	
	State	County
2. Total Purchases of Tangible Personal Property for Use on Which North Carolina State or County Sales or Use Tax Has Been Paid Directly to Retailers	2S. 12345678.01	2C. 12345678.01
3. Amount of Sales and Use Tax Paid Directly to Retailers on Purchases for Use	3S. 12345678.01	3C. 12345678.01
4. Amount of Sales and Use Tax Paid Indirectly on Building Materials and Supplies as Shown on Contractors' Statements	4S. 12345678.01	4C. 12345678.01
5. Amount of Use Tax Paid Directly to the Department of Revenue by Your Organization	5S. 12345678.01	5C. 12345678.01
6. Total Tax	6S. 12345678.01	6C. 12345678.01

7. Total Refund Requested	7. 12345678.01			
8. Allocation of County Tax on Line 6				
a. Food 2% Tax	b. County 2.0% Tax	c. County 2.25% Tax	d. County 2.5% Tax	e. Mecklenburg Transit 0.5% Tax
123456.89	1234567.90	1234567.90	1234567.90	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

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