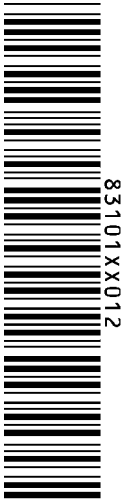


## Nonprofit and Governmental Entity Claim for Refund State and County Sales and Use Taxes

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	12345.78		
03C	12345678.01	07	12345678.01					



1. Name of Taxing County	1. TRANSYLVANIA		
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			
3. Amount of Sales and Use Tax Paid Directly to Retailers on Purchases for Use			
4. Amount of Sales and Use Tax Paid Indirectly on Building Materials and Supplies as Shown on Contractors' Statements			
5. Amount of Use Tax Paid Directly to the Department of Revenue by Your Organization			
6. Total Tax			
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. Mecklenburg Transit 0.5% Tax
123456.89	1234567.90	1234567.90	12345.78

State	County
2S. 12345678.01	2C. 12345678.01
3S. 12345678.01	3C. 12345678.01
4S. 12345678.01	4C. 12345678.01
5S. 12345678.01	5C. 12345678.01
6S. 12345678.01	6C. 12345678.01

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> As Filed <input type="checkbox"/> As Corrected	By: _____	Date: _____