

E-588 (SD)

10-15-09

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

[X] SSN [ ] FEIN 176453458

ABCDEFGHIJKLMN... ABCDEFGHIJKL
ABCDEFGHIJKLMN... ABCDEFGHIJKLMN... AB 12345

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

Location of Records
ABCDEFGHIJKLMN... ABCDEFGHIJKLMN... AB 12345

Table with 5 rows and 3 columns: Name of Taxing County, State Tax, County Tax. Includes total refund requested.

Table with 4 columns: Food 2% Tax, County 2.0% Tax, County 2.25% Tax, County 2.5% Tax. Includes other tax types like Mecklenburg Transit.

Basis of Claim section with text area, checkboxes for 'Yes/No', and fields for Customer's Name and Address.

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 section with boxes for State Tax, County Tax, Total Tax, and checkboxes for 'As Filed' and 'As Corrected'.