

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 OPQRSTUVWXYZABCDEFGHIJKLMN OPQRSTUVWXYZ
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST AB 12345

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

Location of Records
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN 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	County 2.25% Tax	County 2.5% Tax	County 2.75% Tax
1234567.90	1234567.90	1234567.90	1234567.90
Additional County 1% Tax	Mecklenburg Transit 0.5% Tax		
1234567.90	1234567.90		

Basis of Claim:
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Does basis of claim originate from request for refund by customer: Yes No

Customer's Name:
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN OPQRST

Customer's Address:
ABCDEFGHIJKLMN OPQRSTUVWXYZABCDEFGHIJKLMN 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: () _____

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