

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

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

| | | | |
|-------------------------------|--|-----------------|-----------------|
| 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 2.0% Tax | County 2.25% Tax | County 2.5% Tax |
| 1234567.90 | 1234567.90 | 1234567.90 | 1234567.90 |
| County 2.75% Tax | Mecklenburg Transit 0.5% Tax | | |
| 1234567.90 | 1234567.90 | | |

Basis of Claim:
 ABCDEFGHIJKLMN... ABCDEFGHIJKLMN... ABCDEFGHIJKLMN... ABCDEFGHIJKLMN...
 Does basis of claim originate from request for refund by customer: Yes No
 Customer's Name:
 ABCDEFGHIJKLMN... ABCDEFGHIJKLMN...
 Customer's Address:
 ABCDEFGHIJKLMN... ABCDEFGHIJKLMN... 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 | | | |
| | 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 | | | |