

Claim for Refund of White Goods Disposal Tax

North Carolina Department of Revenue

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Name of Person We Should Contact if We Have Questions About this Claim _____ Contact Telephone () _____

Account ID

Federal Employer ID Number _____

Quarter Beginning (MM-DD-YY) _____

Quarter Ending (MM-DD-YY) _____

1. Enter the Number of White Goods Purchased and the Amount of White Goods Disposal Tax Paid
(Attach copies of invoices and purchase orders)

Quantity	Tax
▶ _____	_____ .00

2. Total Refund Requested (Multiply the Tax on Line 1 by .60)

\$ _____

General Instructions

This claim applies to a person who purchases 50 or more new white goods of any kind in the same purchase and places all of them in new or remodeled dwelling units that are located in North Carolina and do not contain the kind of white goods purchased. If you have questions about how to complete this claim for refund, you may call the Taxpayer Assistance and Collection Center toll-free at telephone number 1-877-252-3052.

- Use blue or black ink to complete this claim for refund.
- If you are registered for sales and use tax purposes, enter your sales and use tax registration number in the space marked "Account ID." If you are not registered for sales and use tax purposes, enter your Federal Employer Identification Number in the space marked for that number.
- This claim is due quarterly within 60 days after the close of the calendar quarter. Refund claims filed more than 3 years after the due date cannot be accepted.
- Copies of invoices and purchase orders must be submitted with the claim for refund.

The Department will take one of the following actions within six months after the date the claim is filed: send the requested refund to you; adjust the amount of the refund; deny the refund; or request additional information. If the Department does not take one of the actions within six months, the inaction is considered a proposed denial of the requested refund. If you object to a proposed denial of a refund, you may request a Departmental review of the action if the request is made in writing within 45 days of the date the notice of proposed denial was mailed to you. If the Department has not taken action within six months, a request for review can be filed at any time between the end of the six-month period and when the Department takes a prescribed action. If a timely request for a Departmental review is not filed, the proposed action is final and is not subject to further administrative or judicial review.

Signature: _____
I certify that, to the best of my knowledge, this claim is accurate and complete.

Date: _____

Title: _____

Telephone: _____

MAIL TO: NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0001

For Departmental Use Only	
<p>Refund Approved:</p> <p><input type="radio"/> As Filed</p> <p><input type="radio"/> As Corrected</p>	<p>By: _____</p> <p>Date: _____</p>