



**Application for Refund - Sales and Use Tax**

Your refund application will be rejected if the fields in are not completed. Type or print clearly.

<b>Part 1 Fill in</b>																					
Name of applicant: _____																					
Mailing street address: _____																					
Mailing city, state, ZIP: _____																					
Location street address: _____																					
Location city, state, ZIP: _____																					
Business telephone number (include area code): _____ - _____	Home telephone number (include area code): _____ - _____																				
Fax number (include area code optional): _____	E-mail address (optional): _____																				
<b>Part 2</b> Sign and date this form.																					
Signature of Applicant/representative: _____	Date: _____																				
Print name: _____	Title: _____																				
Important - A Florida Department of Revenue Power of Attorney (Form DR-835) must be properly executed and included if the refund request is submitted by the applicant's representative.																					
Representative's phone number: ( _____ ) _____																					
<b>Part 3</b> Enter amount of refund.	\$ _____ , _____ .																				
<b>Part 4</b> Provide the identification number of the applicant. If you do not have a Sales Tax Certificate Number or Federal Employer Identification Number, provide your Social Security Number.	Contract Object Number _____ Sales Tax Certificate Number _____ / _____																				
	Federal Employer Identification Number: _____ Social Security Number _____																				
<b>Part 5</b> Enter the date paid or the collection period(s) on the tax return(s) used to report the tax.	Date Paid: M M / D D / Y Y Y Y Applied period: M M Y Y Y Y to M M Y Y Y Y																				
<b>Part 6</b> Refer to the Page (pg) number indicated for appropriate documentation instructions.	Explain the reason for this refund & check appropriate box below																				
	<table border="0"> <tr> <td>Amended Return (070) pg 5</td> <td>Duplicate Payment (001) pg 6</td> <td>Exempt Issues (071) pg 8</td> <td>Rental of Real Property (1270) pg 10</td> </tr> <tr> <td>Audit Overpayment (050) pg 5</td> <td>Estimated Tax (1201) pg 6</td> <td>Gross Receipts pg 8</td> <td>Repossession (1350) pg 10</td> </tr> <tr> <td>Bad Debt (1300) pg 5</td> <td>Enterprise Zone Brownfield pg 7</td> <td>Lemon Law (1217) pg 8</td> <td>Other pg 10 ( attach explanation)</td> </tr> <tr> <td>Community Contribution Tax Credit (1225) pg 6</td> <td>Enterprise Zone Building Materials (1102) pg 7</td> <td>Motor Vehicles/Boat/Mobile Home/ Aircraft (1210) pg 9</td> <td></td> </tr> <tr> <td>Credit Memos (065) pg 6</td> <td>Enterprise Zone Equipment (1103) pg 7</td> <td>New &amp; Expanding Business (1105) pg 6</td> <td></td> </tr> </table>	Amended Return (070) pg 5	Duplicate Payment (001) pg 6	Exempt Issues (071) pg 8	Rental of Real Property (1270) pg 10	Audit Overpayment (050) pg 5	Estimated Tax (1201) pg 6	Gross Receipts pg 8	Repossession (1350) pg 10	Bad Debt (1300) pg 5	Enterprise Zone Brownfield pg 7	Lemon Law (1217) pg 8	Other pg 10 ( attach explanation)	Community Contribution Tax Credit (1225) pg 6	Enterprise Zone Building Materials (1102) pg 7	Motor Vehicles/Boat/Mobile Home/ Aircraft (1210) pg 9		Credit Memos (065) pg 6	Enterprise Zone Equipment (1103) pg 7	New & Expanding Business (1105) pg 6	
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<b>FOR FLORIDA DEPARTMENT OF REVENUE USE ONLY</b>																					
Refund Approval Amount \$ _____	Authorized By _____ Date _____																				
Review Refund Amount \$ _____	Approved By _____ Date _____																				
<b>MAIL TO:</b> <b>FLORIDA DEPARTMENT OF REVENUE</b> <b>REFUNDS SUB-PROCESS</b> <b>PO BOX 6490</b> <b>TALLAHASSEE FL 32314 - 6490</b> <b>FAX: 850-410-2526</b>																					