



TENNESSEE DEPARTMENT OF REVENUE
Claim for Refund

RV-F0102401 (3/18)

Taxpayer Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip Code County

Type of Tax/Fee Paid \_\_\_\_\_ Taxable/Registration Period (or year) \_\_\_\_\_

Date Tax/Fee Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Amount Claimed as Refund \_\_\_\_\_

Report of Debts Attached Yes [ ] No [ ]

(If a refund of \$200 or more is requested, a Report of Debts form must be completed and filed with this claim.)

Basis of Claim (Attach schedules if additional space is required): \_\_\_\_\_

Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Name \_\_\_\_\_ Title \_\_\_\_\_
(Signature of Taxpayer, Officer, or Authorized Representative)

Printed Name \_\_\_\_\_ Date \_\_\_\_\_
(Print name signed above)

Mail to:
Tennessee Department of Revenue
12th Floor Audit Division
500 Deaderick Street
Nashville, TN 37242

FOR OFFICE USE ONLY

The above claim for refund is approved in the amount of

Claim examined by \_\_\_\_\_

\$ \_\_\_\_\_ Date \_\_\_\_\_

Class of Tax/Fee Amount by Type

1 \_\_\_\_\_

Director

2 \_\_\_\_\_

3 \_\_\_\_\_

Commissioner of Revenue

4 \_\_\_\_\_

Refund Number \_\_\_\_\_

Attorney General