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 __________________________

(Signature of Taxpayer, Officer, or Authorized Representative)

Title __________________________

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

$ ___________ Date ___________

Claim examined by __________________________

Class of Tax/Fee Amount by Type

1 ___________

2 ___________

3 ___________

4 ___________

Refund Number __________________________

_________________________ Director

_________________________ Commissioner of Revenue

_________________________ Attorney General