



Application for Refund - Sales and Use Tax

Section 1: Taxpayer Information

| | | | |
|---------------------------------------|--|---------------------------------|--|
| Taxpayer Name: | | Sales Tax Certificate Number: | |
| <input type="text"/> | | <input type="text"/> | |
| Business Partner Number: | Federal Employer Identification Number (FEIN): | Social Security Number (SSN) *: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Mailing Street Address: | | | |
| <input type="text"/> | | | |
| Mailing City: | State: | ZIP: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Location Street Address: | | | |
| <input type="text"/> | | | |
| Location City: | State: | ZIP: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Telephone Number (include area code): | Fax Number (include area code): | Email Address (optional): | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative is requesting the refund. A signed *Florida Department of Revenue Power of Attorney and Declaration of Representative* (Form DR-835) must be attached.

| | | |
|----------------------------|----------------------|---------------------------|
| Representative Name: | | |
| <input type="text"/> | | |
| Street or Mailing Address: | | |
| <input type="text"/> | | |
| City: | State: | ZIP: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone Number: | Fax Number: | Email Address (optional): |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 3: Collection or Reporting Period(s) - Enter the date the tax was paid and the collection or reporting period(s).

| | |
|---------------------------|---|
| Date Paid (MM / DD / YY): | Collection or Reporting Dates (MM / DD / YY to MM / DD / YY): |
| <input type="text"/> | <input type="text"/> |

Section 4: Tax Categories - Check the box next to the type of tax you paid. A separate application must be completed for each fee or tax type.

| | | |
|--|--|--|
| <input type="checkbox"/> Amusement Machine Certificate Fee | <input type="checkbox"/> Solid Waste Fees | <input type="checkbox"/> Transient Rental Tax Paid to the Department |
| <input type="checkbox"/> Discretionary Sales Surtax | <input type="checkbox"/> Battery Fees | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Sales and Use Tax | <input type="checkbox"/> New Tire Fees | <input type="text"/> |
| | <input type="checkbox"/> Rental Car Surcharge | |
| | <input type="checkbox"/> Gross Receipts Tax on Dry Cleanin | |

Check the box next to the reason for your refund claim.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Amended Replacement Return | <input type="checkbox"/> Estimated Tax | <input type="checkbox"/> New/Expanding Business Equipment | <input type="checkbox"/> Real Property Lease |
| <input type="checkbox"/> Audit Overpayment | <input type="checkbox"/> Exempt Sales | <input type="checkbox"/> Motor Vehicles/Boat/ Mobile Homes/Aircraft | <input type="checkbox"/> Repossessed Merchandise |
| <input type="checkbox"/> Bad Debt | <input type="checkbox"/> Florida Neighborhood Revitalization | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Transient Rental |
| <input type="checkbox"/> Community Contribution Tax Credit | <input type="checkbox"/> FL Rural Areas of Opportunity | <input type="checkbox"/> Repurchase/Replacement | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Credit Memos | | | <input type="text"/> |
| <input type="checkbox"/> Duplicate Payment | | | |

Section 5: Refund Amount - Enter the refund amount. Provide a brief explanation for the refund claim.

| | |
|-----------------------|--------------------------------------|
| Refund Amount: | Brief Explanation for Refund: |
| <input type="text"/> | <input type="text"/> |

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at floridarevenue.com/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Authorization and Signature

Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

Taxpayer Signature

Date

OR

Representative Signature

Date

Mail this application and applicable documentation to:

Florida Department of Revenue
Refunds
PO Box 6490
Tallahassee FL 32314-6490

OR
Fax 850-410-2526

For more information about the documentation needed to process your refund, or to check on the application status, call **Refunds at 850-617-8585**.

Contact Us

Information, forms, and tutorials are available on the Department's website at floridarevenue.com.

To find a taxpayer service center near you, visit floridarevenue.com/taxes/servicecenters.

For written replies to tax questions, write to:

Taxpayer Services - Mail Stop 3-2000
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0112

Subscribe to Receive Updates by Email from the Department. Subscribe to receive an email for due date reminders, Tax Information Publications, or proposed rules. Subscribe today at floridarevenue.com/dor/subscribe.

Reference

The following document was mentioned in this form and is incorporated by reference in the rule indicated below.

The form is available online at floridarevenue.com/forms.

Form DR-835

Florida Department of Revenue Power of Attorney and Declaration of Representative

Rule 12-6.0015, F.A.C.