CLAIM FOR REFUND

Do not use this form if you are required to file electronic refund claims. Please review the electronic filing mandate in Department of Revenue Rule 560-3-2-.26.

Refund claims must be filed with the Department within three years from the date the tax was paid. When the tax to be refunded was paid to a vendor, the Claim for Refund (Form ST-12) must be accompanied by a properly completed Waiver of Vendor's Rights (Form ST-12A) or an Affidavit for Purchaser's Claim for Tax Refund (Form ST-12B). When the claimant has remitted tax directly to the Department, the ST-12A and ST-12B are not required. Please include all supporting documents for the refund claimed, including invoices, proof of payment, sales journals, etc. Refund claims received without supporting documentation may be delayed or denied.

Name of Taxpayer								
Address								
City								
Contact Name	Phone	Number						
Fax Number Email Address								
Check the box to indicate who remitted the tax: Claimant []	Vendor []							
Tax Type: Sales [] Use [] 911 Prepaid Wireless [] St	ate Hotel-Motel-Fee [] Transportation Services Tax []						
Tax ID Number (For The Applie	ID Number (For The Applicable Tax Type Selected)							
Amount Paid \$ Amou	unt Claimed as Refund	I\$						
Period (s) of Claim								
Claimant verily believes that this claim should be allowed for the basis of claim. Attach additional pages if necessary.)	e following reasons: (S	tate in detail the factual and legal						
I understand that to willfully file a claim for refund of taxes conta a crime under O.C.G.A. §48-1-6.	ining false information	with the intent to defraud the state is						
SIGNATURE OF CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT	DATE							
TITLE (If attorney in fact, attach Power of Attorney Form RD-1061)	PRINTED NAME							

Page 2

ALLOCATION OF SALES & USE TAX (*For Sales or Use Tax Refund Claims Only*)

Instructions:

- You must break down your total sales/use tax refund claim amount (from page 1) into jurisdictions on this page. The amounts listed on this page must equal the total refund claim amount.
- If you are claiming a refund of state sales and use tax, enter the claimed amount on Line 1.
- Use the remaining lines to write in your jurisdiction refund allocations and corresponding jurisdiction codes (one jurisdiction per line).
- For sales or uses occurring on or after April 1, 2018, do not use the City of Atlanta code 999. Use 044A to claim a refund of taxes imposed in the City of Atlanta, DeKalb County. Use 060A to claim a refund of taxes imposed in the City of Atlanta, Fulton County.
- Attach additional copies of this page as needed.

	Jurisdiction Name	Code	A. Refund Tax Amount		Jurisdiction Name	Code	A. Refund Tax Amount
1	STATE	000		24			
2				25			
3				26			
4				27			
5				28			
6				29			
7				30			
8				31			
9				32			
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23				46			