PRINT CLEAR

ST-12A (Rev. 09/17/20)

WAIVER OF VENDOR'S RIGHTS FOR REFUND

If you are required to submit your refund electronically, please attach the signed, notarized copy to your electronic submission.

Name of Purchaser	Purchaser's Tax Account Number
Name of Vendor	Vendor's Tax Account Number
Vendor's Street Address, City or Town, State and Zip Code	

Date MM/DD/YY	Invoice No.	Gross Amount of Sale Excluding Tax	Exempt Portion, if any, of Sale	Tax Paid To Vendor By Purchaser	Item Sold

AFFIDAVIT OF VENDOR

The undersigned authorized representative of the above-named vendor does hereby certify under oath that the above figures are true and correct with respect to its transactions with the above-named purchaser for the periods indicated, that the tax shown paid was collected from this purchaser and was remitted to the Department of Revenue, and that this vendor disclaims any interest in said tax remitted to the Department of Revenue and waives any right to refunds due therefor.

This day of _____,_____.

_____
Vendor

Subscribed and sworn to:

By:_____
Name and Title

This ____ day of _____,_____.

_____
Notary Public

Mail to: Georgia Department of Revenue, Taxpayer Services Division 1800 Century Boulevard NE, 8th Floor, Atlanta, Georgia 30345-3205
Telephone: 1-877-423-6711

THIS WAIVER SHALL BE ATTACHED TO AND MADE A PART OF PURCHASER'S TAX REFUND CLAIM