

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 Vendor's Tax Account Number Name of Vendor Vendor's Street Address, City or Town, State and Zip Code Gross Amount Tax Paid Exempt Invoice No. of Sale Portion, if any, To Vendor Item Sold Date MM/DD/YY Excluding Tax of Sale By Purchaser

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.

Vendor

Name and Title

This day of _____.

Subscribed and sworn to:

This _____day of _____,____.

Notary Public

Mail to: Georgia Department of Revenue, Taxpayer Services Division 2595 Century Parkway NE, Suite 317, Atlanta, GA 30345-3173 Telephone: 1-877-423-6711

By:_____

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