

AFFIDAVIT FOR PURCHASER'S CLAIM FOR TAX REFUND PLEASE RETAIN A COPY FOR FUTURE AUDIT

Name of Purchaser				Purchaser's Tax Account Number (If Purchaser does not have a tax account number, provide Federal Employer Identification Number or Social Security Number.)				
Name of Dealer				Dealer's Tax Account Number (if known)				
Dealer's Street A	ddress							
City				State	Zij	p Code		
Date of Purchase	Invoice No.	Gross Amount of Sale Excluding Tax	Exempt Portion of Sale		n	Tax Paid by Purchaser to Dealer	Item or Service Purchased	
a. b.	Enclose a copy of yo Enclose a copy of progen refund any tax to you act upon your reques	ur request; and oof of mailing or pro	of of del	ivery.			If no, why not?	
refund. The facts gi	ven in the claim and	affidavit are true, con	rrect and	complet	e to		statements made in this claim for tax ge and belief. I further understand that fals and penalties.	
Pur	chaser's Signature		-			Purchaser's Name	and Title (if applicable)	
Subscribed and swo	rn to me, this	day of		,		·		
Notary Signature:						[Notary seal]		
Typed or Printed Na	ame of Notary:							