

Idaho State Tax Commission
SALES TAX REFUND CLAIM

TCR

Please read instructions on back before proceeding.

Please do not write in this space

E.C. R.C.

I. GENERAL INFORMATION

1. Federal employer ID number 82-0000000	1a. Social security number	2. Permit number 000123456-S
3. Full legal name for income tax or Secretary of State purposes ABC INC.		
3a. Doing business as (DBA name) ABC BUILDERS		
4. Mailing address 50 E. MAIN ST.		
5. City Boise	State ID	Zip 83720
6. Name of person to contact WILLIAM SMITH		Telephone number (208) 555-1234

II. DETAILS OF REFUND CLAIM

Check the box that best describes the reason for your refund request. Attach copies of invoices or documents supporting this claim.

- A. Bad debts B. Bookkeeping errors C. Motor vehicle D. Other **63-3640**

Description of Refund Claimed	Tax Paid
THE MATERIALS SHOWN ON THE ATTACHED INVOICES WERE USED IN A CONTRACT QUALIFYING FOR THE 5% SALES/USE TAX RATE.	
SAMPLE	
Total Refund Requested: \$650.85	

III. REFUND CLAIM

I request a sales tax refund for the reasons indicated. I have NOT received a refund of these taxes from the seller and have attached all supporting documentation.

I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that if I falsify this form, I may be subject to criminal prosecution.

Authorized signature Wm. Smith	Title GEN MGR.	Date 5/09/2003
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