

E-588 Business Claim for Refund State, County and Transit Sales and Use Taxes

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Street Address

City State Zip Code County

Name of Person We Should Contact if We Have Questions About This Claim Contact Telephone

Location of Records (If Different from Above) Date of Payment

Account ID
FEIN or SSN
Period Beginning (MM-DD-YY)
Period Ending (MM-DD-YY)

1. Name of Taxing County
(If more than one county, see instructions on reverse and attach Form E-536R)

State Tax

Food, County & Transit

2. Amount of Tax Paid

3. Corrected Tax

4. Amount of Refund Requested (Line 2 Minus Line 3. Food, County & Transit tax must be identified by rate on Line 6.)

5. Total Refund Requested \$
(Add State and Food, County & Transit tax on Line 4.)

6. Allocation of Food, County & Transit Tax on Line 4 (Enter the food, county & transit tax paid at each applicable rate. If you paid more than one county's tax, see the instructions on page 2 and attach Form E-536R)

Food 2.00% Tax County 2.00% Tax County 2.25% Tax Transit 0.50% Tax
Durham, Mecklenburg, Orange, Wake



Basis of Claim: (Explain in detail and attach documentation)

Does basis of claim originate from request for refund by customer? Yes No

Customer's Name: _____

Customer's Address: _____

Signature: _____ Date: _____
I certify that, to the best of my knowledge, this claim is accurate and complete.

Title: _____ Telephone: _____

For Departmental Use Only

Food Tax	County 2.00% Tax	County 2.25% Tax	Transit Tax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund Approved:	<input type="radio"/> As Filed <input type="radio"/> As Corrected		Total Tax
	<input type="text"/>		<input type="text"/>

By: _____ Date: _____