



CLAIM FOR REFUND

File with:

Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242

Name of Taxpayer _____ Account Number _____

Street Address _____

City and State _____ County _____

Kind of Tax _____ Taxable Period (or year) _____

Date Tax Paid _____ Amount Paid _____ Amount Claimed as Refund \$ _____

Basis of Claim (Attach schedules if additional space is required):

Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Name _____
(Signature of Taxpayer, Officer, or Authorized Representative)

Title _____

Date _____

Claim examined by _____

The above claim for refund is approved in the amount of

Class of Tax _____

\$ _____ Date _____

Amount by Type _____

1 _____

Director

2 _____

3 _____

Commissioner of Revenue

4 _____

Refund Number _____

Attorney General