## Reset

## Alabama Department of Revenue <br> Business and License Tax Division <br> www.revenue.alabama.gov <br> Joint Petition For Refund

## NOTE: Separate Petitions are Required For Each Type of Tax

Pay \$
The facts set out in this petition and the records of this office justify a refund in the amount shown above.


FOR OFFICE USE ONLY

The undersigned hereby makes application for refund of $\qquad$
Dollars, (\$ $\qquad$ tax/fee paid by said undersigned to the Alabama

Department of Revenue for the period(s) $\qquad$
$\qquad$ , which amount was erroneously paid,
or paid in excess of the amount due, or was paid through mistake of fact or law.
Explain in detail the reasons for refund claim (attach additional pages if necessary):

Documentation: The petition must be documented and you must attach invoices, receipts and other documentation sufficient to justify the issuance of a refund.

| Petition |  |
| :--- | :--- |
| Adjustment |  |
| Interest |  |
| Amount To |  |
| Be Refunded |  |
| FOR OFFICE USE ONLY |  |

Signatures: A joint petition must bear the signatures of both the seller and the consumer-purchaser. If a petitioner is an individual, the individual must sign. If a petitioner is a partnership, a partner must sign. If a petitioner is a corporation, an officer of the corporation must sign.

| PETITIONER'S NAME (SELLER) |  |  |
| :--- | :--- | :--- | :--- |
| ACCOUNT NO. |  |  |
| PEIN/SSN |  |  |
| MAILING ADDRESS |  |  |
| CITY | STATE | ZIP CODE |


| PETITIONER'S NAME (CONSUMER-PURCHASER) |  |  |
| :--- | :--- | :--- | :--- |
| ACCOUNT NO. |  |  |
| PEIN/SSN |  |  |
| MAILING ADDRESS |  |  |
| CITY | STATE | ZIP CODE |

