

ALABAMA DEPARTMENT OF REVENUE
BUSINESS AND LICENSE TAX DIVISION
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.

_____/_____
Manager Date

FOR OFFICE USE ONLY

The undersigned hereby makes application for refund of _____

_____ Dollars, (\$ _____)

_____ tax/fee paid by said undersigned to the Alabama Department of Revenue for the period(s) _____

_____, 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):

Petition _____
Adjustment _____
Interest _____
Amount To _____
Be Refunded _____

FOR OFFICE USE ONLY

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

Signatures: 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 ACCOUNT NUMBER FEIN/SSN

D/B/A () TELEPHONE NUMBER

PETITIONER'S SIGNATURE PETITIONER'S TITLE

MAILING ADDRESS

CITY STATE ZIP CODE