



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 \$ _____

Report of Debts Attached Yes No (If a refund of \$200 or more is requested, a Report of Debts form MUST be completed and filed with this claim.)

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

Printed Name _____ Date _____
(Print name signed above)

Claim examined by _____	The above claim for refund is approved in the amount of
Class of Tax	\$ _____ Date _____
Amount by Type	
1 _____	_____
2 _____	Director
3 _____	_____
4 _____	Commissioner of Revenue
Refund Number _____	_____
	Attorney General