Florida Department of Revenue
Application for Refund - Sales and Use Tax

Section 1: Taxpayer Information

Taxpayer Name:		**Sales Tax Certificate Number:**
Business Partner Number:	**Federal Employer Identification Number (FEIN):**	**Social Security Number (SSN)*:**
Mailing Street Address:		
Mailing City:	**State:**	**ZIP:**
Location Street Address:		
Location City:	**State:**	**ZIP:**
Telephone Number (include area code):	**Fax Number (include area code):**	**Email Address (optional):**

Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative is requesting the refund. A signed *Florida Department of Revenue Power of Attorney and Declaration of Representative* (Form DR-835) must be attached.

Representative Name:		
Street or Mailing Address:		
City:	**State:**	**ZIP:**
Telephone Number:	**Fax Number:**	**Email Address (optional):**

Section 3: Collection or Reporting Period(s) - Enter the date the tax was paid and the collection or reporting period(s).

Date Paid (MM/DD/YY):	**Collection or Reporting Dates (MM/DD/YY to MM/DD/YY):**

Section 4: Tax Categories - Check the box next to the type of tax you paid.
A separate application must be completed for each fee or tax type.

☐ Amusement Machine Certificate Fee

☐ Discretionary Sales Surtax

☐ Sales and Use Tax

Solid Waste Fees

☐ Battery Fees

☐ New Tire Fees

☐ Rental Car Surcharge

☐ Gross Receipts Tax on Dry Cleaning

☐ Transient Rental Tax Paid to the Department

☐ Other (Please specify):

Check the box next to the reason for your refund claim.

- ☐ Amended Replacement Return
- ☐ Audit Overpayment
- ☐ Bad Debt
- ☐ Building Materials Used in Construction of Affordable Housing Units
- ☐ Community Contribution Tax Credit
- ☐ Credit Memos
- ☐ Duplicate Payment
- ☐ Estimated Tax
- ☐ Exempt Sales
- ☐ Florida Neighborhood Revitalization
- ☐ FL Rural Areas of Opportunity
- ☐ Home Hardening Products
- ☐ New/Existing Business Equipment
- ☐ Motor Vehicles/Boat/ Mobile Homes/Aircraft
- ☐ Motor Vehicle Repurchase/Replacement
- ☐ Public Works - Universities and Colleges
- ☐ Real Property Lease
- ☐ Repossessed Merchandise
- ☐ Transient Rental
- ☐ Other (Please specify):

Section 5: Refund Amount - Enter the refund amount. Provide a brief explanation for the refund claim.

Refund Amount:	**Brief Explanation for Refund:**

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at **floridarevenue.com/privacy** for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Authorization and Signature

Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

Taxpayer Signature _____ Date _____

OR

Representative Signature _____ Date _____

Mail this application and applicable documentation to:

Refunds
Florida Department of Revenue
PO Box 6490
Tallahassee FL 32314-6490

OR
Fax (850) 410-2526

For more information about the documentation needed to process your refund, or to check on the application status, call Refunds at (850) 617-8585.

Contact Us

Information and tutorials are available at **floridarevenue.com/taxes/education**.

Tax forms and brochures are available at **floridarevenue.com/forms**.

To speak with a Department of Revenue representative, call Taxpayer Services at (850) 488-6800, Monday through Friday, excluding holidays. For a written reply to tax questions, email Taxpayer Services at **fdortaxpayerservices@floridarevenue.com**.

Subscribe to Receive Email Alerts from the Department
Subscribe to receive an email for filing due date reminders, Tax Information Publications (TIPs), or proposed rules. Subscribe today at **floridarevenue.com/dor/subscribe**.

Reference

The following document was mentioned in this form and is incorporated by reference in the rule indicated below. The form is available online at **floridarevenue.com/forms**.

Form DR-835	Florida Department of Revenue Power of Attorney and Declaration of Representative	Rule 12-6.0015, F.A.C.