



1726104013

MAIL TO:

Georgia Department of Revenue
1800 Century Boulevard NE, 8th Floor
Atlanta, Georgia 30345-3205
Telephone: 1-877-423-6711

CLAIM FOR REFUND

For more information on filing electronically visit Georgia Tax Center (GTC) at https://gtc.dor.ga.gov/ .

Refund claims must be filed with the Department within three years from the date the tax was paid. O.C.G.A. § 48-2-35. When the sales tax to be refunded was paid to a vendor, the Claim for Refund (Form ST-12) must be accompanied by a properly completed Waiver of Vendor's Rights (Form ST-12A) or a Purchaser's Claim for Sales Tax Refund Affidavit (Form ST-12B). When the claimant has remitted use tax directly to the Department, the ST-12A and ST-12B are not required. Please include all supporting documents for the refund claimed, including invoices, proof of payment, sales journals, etc. Refund claims received without supporting documentation may be delayed or denied.

Name of Taxpayer _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone Number _____

Fax Number _____ Email Address _____

Check the box to indicate who remitted the Sales and Use Tax: Claimant [] Vendor []

Tax Type: Sales [] Use [] 911 Prepaid Wireless [] Fireworks Excise [] State Hotel-Motel Fee []

Tax ID Number _____

(For The Applicable Tax Type Selected)

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

Period (s) of Claim _____

Claimant verily believes that this claim should be allowed for the following reasons: (State in detail the factual and legal basis of claim. Attach additional pages if necessary.)

Under penalties of perjury, I swear that I have examined this claim and that the facts given in the claim and in the supporting documents are true and correct.

SIGNATURE OF CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT

DATE

TITLE

(If attorney in fact, attach Power of Attorney Form RD-1061)



1726104023

PART B ALLOCATION OF LOCAL SALES & USE TAX ONLY

Instructions:

You must provide the state and county refund allocation to support the total amount of your refund claim on Page 1 of this form. In Line 1, write in the total state refund tax amount from Page 1 of this form. If you have a refund due from the City of Atlanta, please provide the applicable tax refund amount in Line 2. In the remaining lines, please write in your county refund allocations and include the corresponding county codes (one county per line). **Additional copies of Page 2 can be completed and submitted, if needed.**

	Jurisdiction Name	Code	A. Refund Tax Amount
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	Jurisdiction Name	Code	A. Refund Tax Amount
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