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Georgia Department of Revenue
 Taxpayer Services Division
 1800 Century Blvd. NE
 Atlanta, GA 30345-3205
 1(877) 423-6711

PURCHASER'S CLAIM FOR SALES TAX REFUND AFFIDAVIT
PLEASE RETAIN A COPY FOR FUTURE AUDIT

Name of Purchaser		Purchaser's Sales Tax Number (if Purchaser does not have a Sales Tax Number, provide Federal Employer Identification Number or Social Security Number)	
Name of Dealer		Dealer's Sales Tax Number (if known)	
Dealer's Street Address			
City		State	Zip Code

Date of Purchase	Invoice No.	Gross Amount of Sale Excluding Tax	Exempt Portion of Sale	Tax Paid by Purchaser to Dealer	Item Purchased

- Did you request a sales tax refund from the Dealer? Yes No. If yes, on what date? _____ . If no, why not? _____

 a. Enclose a copy of your request; and
 b. Enclose a copy of proof of mailing or proof of delivery.
- Did the Dealer refund any sales tax to you? Yes No. If yes, how much? \$ _____
- Did the Dealer act upon your request for refund in any way? Yes No. If yes, what did the Dealer do? _____

Under penalties of perjury, I swear or affirm that I have personal knowledge and understanding of the statements made in this sales tax claim for refund. The facts given in the claim and affidavit are true, correct and complete to the best of my knowledge and belief. I further understand that false statements could result in criminal prosecution as well as the repayment of any refunded tax, plus interest and penalties.

Purchaser's Signature _____
Purchaser's Name and Title (if applicable)

Subscribed and sworn to me, this _____ day of _____, _____.

Notary Signature: _____ [Notary seal]

Typed or Printed Name of Notary: _____

NOTARY PUBLIC