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ST-12B (Rev 9/14/20)

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

If you are required to submit your refund electronically, please attach the signed, notarized copy to your electronic submission.

Name of Purchaser	Purchaser's Tax Account Number (If Purchaser does not have a tax account number, provide Federal Employer Identification Number or Social Security Number.)	
Name of Dealer	Dealer's Tax Account 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 or Service Purchased

1. Did you request a 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.

2. Did the Dealer refund any tax to you? ☐ Yes ☐ No. If yes, how much? $_____
3. 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 claim for tax 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

Mail to: Georgia Department of Revenue, 1800 Century Boulevard NE, 8th Floor, Atlanta, Georgia 30345-3205

Telephone: 1-877-423-6711

THIS AFFIDAVIT SHALL BE ATTACHED TO FORM ST-12 AND MADE A PART OF PURCHASER'S TAX REFUND CLAIM