

**SALES AND USE TAX  
 REFUND APPLICATION**



<b>Name of Business</b>	( )	
	Enter Exact Name as it Appears on Your Permit ( <i>please print or type</i> ) Telephone Number ( <i>include area code</i> )	
<b>Location of Business</b>		
	Number and Street	City or Town County State ZIP Code
<b>Mailing Address</b>		
	P.O. Box or Number and Street	City or Town County State ZIP Code
<b>Instructions</b>	(1) Sales and use tax account number under which tax was paid to the Kentucky State Treasurer. _____	
	(2) Period(s) in which tax was reported and paid. _____ <i>Attach detailed schedule if more than one period involved.</i>	
	(3) Amount of tax refund requested. _____	
	(4) Was compensation claimed when tax was remitted to the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(5) Was sales or use tax added to the sales price (bracket system) and collected from the purchaser(s) as a separate charge? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, will the tax be refunded to the purchaser(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(6) Explain in detail the reason(s) for refund. Attach schedule and copies of pertinent invoices, resale certificates and/or exemption certificates if applicable. Attach separate sheet if necessary. _____ _____	
	(7) Banking Information ( <i>if electronic fund transfer requested</i> ) Name of Bank _____ Depositor Account Number (DAN) _ _ _ _ _ Routing Transit Number (RTN) _ _ _ _ _ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules, statements or exemption certificates) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this refund application must be maintained for a period of four years from the date the refund is issued and are subject to audit at the discretion of the Department of Revenue. I, the undersigned, consent and agree that any excess amount refunded pursuant to this application shall be recovered within four years from the date the refund is issued. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

(Print or Type)