ST-12B (Rev 1/12)

1226004012

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

1. 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.

2. Did the Dealer refund any sales 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 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

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