

CLAIM FOR REFUND

File with:

Tennessee Department of Revenue Andrew Jackson State Office Building 500 Deaderick Street Nashville, TN 37242

| City and State County | Name of Taxpayer | Account Number |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|
| City and State County | Street Address | |
| Date Tax Paid Amount Paid Amount Claimed as Refund \$ | City and State | County |
| Date Tax Paid Amount Paid Amount Claimed as Refund \$ | | |
| Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief. Name(Signature of Taxpayer, Officer, or Authorized Representative) | | |
| best of my knowledge and belief. Name | Basis of Claim (Attach schedules if additional space is required): | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| best of my knowledge and belief. Name | | |
| Name | | |
| Claim examined by Amount by Type 1 Director 2 Director 3 Commissioner of Revenue | best of my knowledge and belief. | |
| Claim examined by | Name(Signature of Taynayor Officer or Authorized Representative) | Title |
| Claim examined by | (Signature of Taxpayer, Officer, of Authorized Representative) | Date |
| Class of Tax Amount by Type 1 | | The above claim for refund is approved in the amount of |
| 1 Director 2 | · | \$ Date |
| 2 Director 2 Commissioner of Revenue | | |
| 3 Commissioner of Revenue | | Director |
| | | |
| | 4 | Commissioner of Revenue |
| Refund Number Attorney General | Refund Number | Attorney General |