



Indiana Department of Revenue
Claim for Refund

Mail to: 100 N Senate Ave. Rm N203 MS#105
Indianapolis, IN 46204-2253

Name of Taxpayer			Taxpayer Identification Number:		
Address:			Federal Identification Number:		
City:	State:	Zip:	Social Security Number:		

- Check Tax Type**
- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Cigarette | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> IFTA | <input type="checkbox"/> Oil Inspection | <input type="checkbox"/> Underground Storage |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Individual | <input type="checkbox"/> Oversize/Overweight | <input type="checkbox"/> Withholding |
| <input type="checkbox"/> County Innkeepers | <input type="checkbox"/> Gaming Excise | <input type="checkbox"/> IRP | <input type="checkbox"/> Prepaid Sales on Gasoline | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fiduciary | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Motor Carrier | <input type="checkbox"/> Sales & Use | |
| <input type="checkbox"/> Hazardous Chemical | <input type="checkbox"/> MVR-Excise | <input type="checkbox"/> Special Fuel | | |

A complete explanation is required as to why the refund is due. Attach ALL documentary evidence to support your claim. Failure to attach all documentation with the claim will result in the claim being returned or denied. Please allow 45 days for processing before contacting the Department regarding the status of your claim. A Power of Attorney (POA-1) form must be completed and attached authorizing the Department to discuss your claim and specific tax type with anyone other than the taxpayer.

Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)	Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)
Total Requested Refund Amount				\$	

I hereby certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. I further understand that this refund may be applied to any liability which I currently have outstanding. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. (If you are claiming a refund for a year in which a joint return was filed, each spouse must sign this refund claim.)

Signature

Printed Name

Title

Daytime Phone Number

Date

▼ THE SPACE BELOW IS FOR DEPARTMENT USE ONLY ▼

Year	B & I Number of Return or Liability Number	Amount Paid	Interest Paid From:	Interest Paid To:	Interest	Total Refunded
Total Amount of Refund						

Auditor/Tax Analyst Originating Refund

Supervisor/Administrator

Commissioner/Appointee

Date

Date

Date

Account Number

Claim Number:
