

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5800**

**CLAIM FOR REFUND
SALES OR USE TAX**

(PLEASE TYPE OR PRINT)

NAME	TELEPHONE NUMBER
STREET	
CITY OR TOWN	STATE ZIP CODE
SOCIAL SECURITY NUMBER	OR FEDERAL IDENTIFICATION NUMBER

**A SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER MUST BE INDICATED ABOVE
IN ORDER TO PROCESS THIS CLAIM**

TYPE OF CLAIM (circle one)

AUTOMOBILE CLAIMS	OTHER CLAIMS
REBATE	UTILITIES
TOTAL LOSS UNDER 120 DAYS	SOLAR
OTHER	PREPAID SALES TAX ON CIGARETTES
	OTHER

AMOUNT OF TAX PAID _____ AMOUNT OF REFUND CLAIMED _____

STATE REASONS WHY CLAIM SHOULD BE ALLOWED: _____

ATTACH ALL SUPPORTING SCHEDULES AND/OR DOCUMENTS

CERTIFICATION

I hereby certify that I have personal knowledge of the information constituting this claim, including any accompanying schedules and statements; that all statements contained herein are true, correct and complete to the best of my knowledge and belief; and that this claim is made under penalty of perjury.

TAX DIVISION USE ONLY
SENT _____
RETURNED _____
AUDITED BY _____
AMOUNT APPROVED _____
DATE APPROVED _____

SIGNATURE

TITLE (IF APPLICABLE)

DATE

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**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED
WITH THE FOLLOWING TYPE OF CLAIM:**

**MOTOR VEHICLE - BUY-BACK (MANUFACTURER)
OR
RESCISSION OF CONTRACT < 120 DAYS**

- 1. COPY OF REGISTRATION (SHOWING TAX PAID)**
- 2. COPY OF BILL OF SALE**
- 3. COPY OF USE TAX RETURN**
- 4. COPY OF BUY-BACK CONTRACT**
- 5. COPY OF CHECK SHOWING BUY-BACK AMOUNT (THE TAXPAYER MUST OBTAIN A COMPLETE REFUND OF MONEY AND/OR PROPERTY PAID)**
- 6. COPY OF ANY ACTIONS OR COMPLAINTS FILED WITH THE BETTER BUSINESS BUREAU, THE ATTORNEY GENERAL'S OFFICE OR THE MOTOR VEHICLE DEALER'S COMMISSION**