



Application for Refund

Section 1: Taxpayer Information

Taxpayer Name:

Business Partner Number: <input type="text"/>	Federal Employers Identification Number (FEIN): <input type="text"/>	Social Security Number (SSN)*: <input type="text"/>
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Mailing Street Address:

Mailing City: <input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
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Location Street Address:

Location City: <input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
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Telephone Number (include area code): <input type="text"/>	Fax Number (include area code): <input type="text"/>	Email Address (optional): <input type="text"/>
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Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative will be receiving the records requested. A signed Power of Attorney and Declaration of Representative (Form DR-835) must be attached.

Representative Name:

Street or Mailing Address:

City: <input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
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Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	Email Address (optional): <input type="text"/>
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Section 3: Collection / Applied Period(s) - Enter the date the tax was paid and the collection/applied period(s).

Date Paid (MM / DD / YY): <input type="text"/>	Collection / Applied Dates (MM / DD / YY to MM / DD / YY): <input type="text"/>
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Section 4: Tax Categories - Check the box next to the type of tax you paid. A separate application must be completed for each tax type.

<input type="checkbox"/> Communications Services	<input type="checkbox"/> Estate	<input type="checkbox"/> Insurance Premium	<input type="checkbox"/> Other (Please Specify): <input type="text"/>
<input type="checkbox"/> Corporate Income	<input type="checkbox"/> Fuel	<input type="checkbox"/> Nonrecurring Intangible	
<input type="checkbox"/> Documentary Stamp	<input type="checkbox"/> Governmental Leasehold	<input type="checkbox"/> Pollutant	

Section 5: Refund Amount - Enter the refund amount. Provide a brief explanation for the refund claim.

Refund Amount: <input type="text"/>	Brief Explanation for Refund: <input type="text"/>
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*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at floridarevenue.com and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Authorization and Signature

I declare that I have read the foregoing application and the facts stated in it are true.

Taxpayer Signature

Date

OR

Representative Signature

Date

Mail this application and applicable documentation to:

Florida Department of Revenue
Refunds
P O Box 6490
Tallahassee FL 32314-6490

or Fax 850-410-2526

Contact Us

For more information about the documentation needed to process your refund, or to check on the application status, call us at 850-617-8585.

Information, forms, and tutorials are available on the Department's website at floridarevenue.com

To find a taxpayer service center near you, visit floridarevenue.com/taxes/servicecenters

For written replies to tax questions, write to:

Taxpayer Services - Mail Stop 3-2000
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0112

Subscribe to Receive Updates by Email from the Department. Subscribe to receive an email for due date reminders, Tax Information Publications, or proposed rules. Subscribe today at floridarevenue.com/dor/subscribe.

References

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.*

Form DR-835

Florida Department of Revenue Power of Attorney
and Declaration of Representative

Rule 12-6.0015