



Florida Department of Revenue
Application for Refund - Sales and Use Tax

DR-26S
 R. 04/18
 Rule 12-26.008
 Florida Administrative Code
 Effective 04/18

Section 1: Taxpayer Information

Taxpayer Name:		Sales Tax Certificate Number:	
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	
Business Partner Number:	Federal Employers Identification Number (FEIN):	Social Security Number (SSN) *:	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Mailing Street Address:			
<input style="width:95%;" type="text"/>			
Mailing City:	State:	ZIP:	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Location Street Address:			
<input style="width:95%;" type="text"/>			
Location City:	State:	ZIP:	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Telephone Number (include area code):	Fax Number (include area code):	Email Address (optional):	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

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:	State:	ZIP:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Telephone Number:	Fax Number:	Email Address (optional):
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Section 3: Collection / Applied Period(s) - Enter the date the tax was paid and the collection/applied period(s).

Date Paid (MM / DD / YY):	Collection / Applied Dates (MM / DD / YY to MM / DD / YY):
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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"/> Amusement Machine Certificate Fee	<input type="checkbox"/> Solid Waste Fees	<input type="checkbox"/> Transient Rental Tax Paid to the Department
<input type="checkbox"/> Discretionary Sales Surtax	<input type="checkbox"/> Battery Fees	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> New Tire Fees	<input style="width:95%;" type="text"/>
	<input type="checkbox"/> Rental Car Surcharge	
	<input type="checkbox"/> Gross Receipts Tax on Dry Cleaning	

Check the box next to the reason for your refund claim.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Amended Replacement Return | <input type="checkbox"/> Estimated Tax | <input type="checkbox"/> New/Expanding Business Equipment | <input type="checkbox"/> Real Property Lease |
| <input type="checkbox"/> Audit Overpayment | <input type="checkbox"/> Exempt Sales | <input type="checkbox"/> Motor Vehicles/Boat/
Mobile Homes/Aircraft | <input type="checkbox"/> Repossessed Merchandise |
| <input type="checkbox"/> Bad Debt | <input type="checkbox"/> Florida Neighborhood Revitalization | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Transient Rental |
| <input type="checkbox"/> Community Contribution Tax Credit | <input type="checkbox"/> FL Rural Areas of Opportunity | <input type="checkbox"/> Repurchase/Replacement | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Credit Memos | | | <input type="text"/> |
| <input type="checkbox"/> Duplicate Payment | | | |

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

Refund Amount:	Brief Explanation for Refund:
<input type="text"/>	<input type="text"/>

*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

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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**.*

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|-------------|---|----------------|
| Form DR-835 | Florida Department of Revenue Power of Attorney and Declaration of Representative | Rule 12-6.0015 |
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