



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

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

Section 1: Taxpayer Information

Taxpayer Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Sales Tax Certificate Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Business Partner Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Federal Employers Identification Number (FEIN): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Social Security Number (SSN) *: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Mailing Street Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Mailing City: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	ZIP: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Location Street Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Location City: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	ZIP: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Telephone Number (include area code): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Fax Number (include area code): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Email Address (optional): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Street or Mailing Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
City: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	ZIP: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Telephone Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Fax Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Email Address (optional): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

Date Paid (MM / DD / YY): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Collection / Applied Dates (MM / DD / YY to MM / DD / YY): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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"/> Amusement Machine <input type="checkbox"/> Certificate Fee <input type="checkbox"/> Discretionary Sales <input type="checkbox"/> Surtax <input type="checkbox"/> Sales and Use Tax	Solid Waste Fees <input type="checkbox"/> Battery Fees <input type="checkbox"/> New Tire Fees <input type="checkbox"/> Rental Car Surcharge <input type="checkbox"/> Gross Receipts Tax on Dry Cleaning	<input type="checkbox"/> Transient Rental Tax Paid to the Department <input type="checkbox"/> Other (Please specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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 Repurchase/Replacement | <input type="checkbox"/> Transient Rental |
| <input type="checkbox"/> Community Contribution Tax Credit | <input type="checkbox"/> FL Rural Areas of Opportunity | | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Credit Memos | | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <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:

*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