



Application for Refund

DRAFT**Section 1: Taxpayer Information**

Taxpayer Name:

Business Partner Number:

Federal Employer Identification Number (FEIN):

Social Security Number (SSN) *:

Mailing Street Address:

Mailing City:

State:

ZIP:

Location Street Address:

Location City:

State:

ZIP:

Telephone Number (include area code):

Fax Number (include area code):

Email Address (optional):

Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative is requesting the refund. A signed *Florida Department of Revenue Power of Attorney and Declaration of Representative* (Form DR-835) must be attached.

Representative Name:

Street or Mailing Address:

City:

State:

ZIP:

Telephone Number:

Fax Number:

Email Address (optional):

Section 3: Collection or Reporting Period(s) - Enter the date the tax was paid and the collection or reporting period(s).

Date Paid (MM / DD / YY):

Collection or Reporting Dates (MM / DD / YY to MM / DD / YY):

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.☐ Communications Services☐ Estate☐ Other (Please Specify):☐ Corporate Income☐ Fuel☐ Documentary Stamp☐ Governmental Leasehold☐ Pollutant

See page 3 for new language for Section 4

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

Refund Amount:

Brief Explanation for Refund:

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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/privacy for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Authorization and Signature

Under penalties of perjury, 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
PO Box 6490
Tallahassee FL 32314-6490

OR
Fax 850-410-2526

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

Contact Us

~~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

Tax forms and publications are available online at floridarevenue.com/forms.
Information and tutorials are available online at floridarevenue.com/taxes/education.

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.

Reference

The following document was mentioned in this form and is incorporated by reference in the rule indicated below.
The form is available online at floridarevenue.com/forms.

Form DR-835

Florida Department of Revenue Power of Attorney
and Declaration of Representative

Rule 12-6.0015, F.A.C.

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Section 4: Tax Categories - Check the box for the tax type you paid. A separate application must be completed for each tax type.		
<input type="checkbox"/> Communications Services	<input type="checkbox"/> Fuel - Motor, Diesel, or Aviation	<input type="checkbox"/> Intangible - Nonrecurring
<input type="checkbox"/> Corporate Income	<input type="checkbox"/> Fuel - Natural Gas	<input type="checkbox"/> Pollutants
<input type="checkbox"/> Documentary Stamp	<input type="checkbox"/> Governmental Leasehold	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Estate	<input type="checkbox"/> Insurance Premium	