

New York State Department of Taxation and Finance

# **Application for Credit or Refund of Sales or Use Tax**



Type or Print

	Claimant's name	s name Telephone numbe		Vendor identification number (if registered) or social security number		or social security number
City State ZIP code Refund claimed S Representative's name (if any); see instructions on back S Representative's mailing address (number and absent or nural roote) IT elephone number ( ) S Representative's mailing address (number and absent or nural roote) If credit shown above has already been claimed on a return, indicate  City State ZIP code Period  Give a full explanation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions), Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claims nor to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name Vendor's mailing address interest and set in number of the claims of the claims of the claims of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City State ZIP code  It certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax; that the amount claimed has previously been refunded to the appropriate has previously propriated to play information provided with this claim. Claims of the propriate of the refund and provided by the present and a fine of up to 510,000 for an individual or \$20,000 for a corporation than the fix Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.		(	)			
Representative's name (if any); see instructions on back  Representative's mailing address (number and street or rural route)  State  ZIP code  If credit claimed  If the supporting documentation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documentation of the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's name  Vendor's mailing address (number address (number address or rural route)  City  State  ZIP code  ZIP code  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  I certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is flied has been paid, and no portion has been previously refunded or credited to the appropriate purchaser. It turnet certify that no amount claimed has previously been estudent of a credit or feund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor national calmed and a fine of up to \$10,000 for an individual or \$2,000 for a corrounded with this claim.  Claimant's stipnature  Claimant's stipnature  Claimant's stipnature  Claimant's stipnature  Architecture of the true and a fine of up to \$10,000 for an individual or \$2,000 for a corrounded with this claim.	Claimant's mailing address (number and street of	r rural route)	<u> </u>		Period covered by claim/date(s) of	of purchase
Representative's name (if any); see instructions on back  Representative's mailing address (number and street or rural route)  State  ZIP code  If credit claimed  If the supporting documentation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documentation of the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's name  Vendor's mailing address (number address (number address or rural route)  City  State  ZIP code  ZIP code  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  I certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is flied has been paid, and no portion has been previously refunded or credited to the appropriate purchaser. It turnet certify that no amount claimed has previously been estudent of a credit or feund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor national calmed and a fine of up to \$10,000 for an individual or \$2,000 for a corrounded with this claim.  Claimant's stipnature  Claimant's stipnature  Claimant's stipnature  Claimant's stipnature  Architecture of the true and a fine of up to \$10,000 for an individual or \$2,000 for a corrounded with this claim.						
Representative's mailing address (number and steed or rural route)    Telephone number   Credit claimed   Credit   Credit	City	State	ZIP c	ode		
Representative's mailing address (number and street or rural route)  State  ZIP code  Period  Period  Giv a full explanation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's name  Vendor's mailing address pureturant enter or seat-cent   City   State   ZIP code  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route   City   State   ZIP code  Locatify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. If turner certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeator under section 1817 of the Tax Law and section 210.45 of the Penal Law, purishable by impresonment for up to a year and a fine of up to \$10,000 for a roundividual or \$2,000 for a corround visit with the Nowledge that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.					\$	
Representative's mailing address (number and street or rural route)  State  ZIP code  Period  Give a full explanation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's mailing address (number and street or rural route)  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  City  State  ZIP code  Lecrify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim in sflied has been paid, and no portion has been previously refunded or credited to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with he knowledge that knowlingly making a face or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Peral Law, punishable by imprisonment for up to a year and a fine of 10 of 10.000 for an individual provided with this claim.  Claimant's signature  If claimant's signature  Date	Representative's name (if any); see instruction	s on back	Telephone num	ber	Credit claimed	
Give a full explanation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's name  Vendor's malling address purede and steet or seal route)  City  State  ZIP code  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  Licertify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filled has been paid, and no portion has been previously refunded or credited to the applicant by any sperson required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax; that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowlingly making a false or fraudulent statement on this document is a midstermeanor under section 1817 of the XLAW and selection 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is a suthorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature			( )		\$	
Give a full explanation of your claim below, including all facts on which your claim is based, along with copies of all substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name  Vendor's mailing address (purple and sheet or real road)  If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  Lecrify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filled has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the supplicant by any person required to collect tax; or the control of the contr	Representative's mailing address (number and street or rural route)					
Substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name   Vendor's mailing address (number and steet or real note)   City   State   ZIP code    If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route   City   State   ZIP code    Icertify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowledge that knowledge that knowledge that showingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature   Claimant's title   Date	City	State	ZIP o	ode	Period	
Substantiating documentation. Use additional sheets if necessary (see instructions). Note: Refund claims without supporting documents or the proper signature(s) required below cannot be processed and will be returned to the claimant or to the claimant's designated representative.  If the supporting documents do not show the vendor's name and address, enter that information below:  Vendor's name   Vendor's mailing address (number and steet or real note)   City   State   ZIP code    If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route   City   State   ZIP code    Icertify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowledge that knowledge that knowledge that showingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature   Claimant's title   Date						
Vendor's name    Vendor's mailing address (number and street or rural route)   City   State   ZIP code						
If the location of the transaction was different from the vendor's place of business as shown above or in supporting documents, enter the place of delivery below:  Number and street or rural route  City  State  ZIP code  I certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature  Claimant's title  Date	If the supporting documents do not show the	ne vendor's name and addre	ess, enter that inf	ormation below:	:	
Number and street or rural route  City  State  ZIP code  I certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature  Claimant's title  Date	Vendor's name	Vendor's mailing address (nun	mber and street or rural route)	City	State	ZIP code
I certify that the above statements, and any documents provided to substantiate the claimed credit or refund, are true and correct. All of the tax for which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature  Claimant's title  Date	If the location of the transaction was differe	nt from the vendor's place of	of business as sh	own above or in	supporting documents, enter the	place of delivery below:
which this claim is filed has been paid, and no portion has been previously refunded or credited to the applicant by any person required to collect tax; or, if the claim for credit or refund is made by a person required to collect tax, that the amount claimed has previously been refunded to the appropriate purchaser. I further certify that no amount claimed has previously been subject to a credit or refund. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the refund claimed or the accuracy of any information provided with this claim.  Claimant's signature  Claimant's title  Date	Number and street or rural route			City	State	ZIP code
	which this claim is filed has been paid, at or, if the claim for credit or refund is made purchaser. I further certify that no amoun knowingly making a false or fraudulent st Law, punishable by imprisonment for up	nd no portion has been preby a person required to to talimed has previously batement on this documento a year and a fine of up	reviously refunder collect tax, that been subject to at is a misdemeat to \$10,000 for a	ed or credited to the amount cla a credit or refui anor under sect n individual or s	o the applicant by any person re imed has previously been refun nd. I make these statements wit ion 1817 of the Tax Law and see \$20,000 for a corporation. I und	equired to collect tax; ded to the appropriate h the knowledge that ction 210.45 of the Penal erstand that the Tax
Representative's signature (if any)  Employer identification number or social security number  Date	Claimant's signature		Clain	nant's title		Date
	Representative's signature (if any)		Empl	oyer identificatior	n number or social security number	Date

NYS TAX DEPARTMENT SALES TAX AUDIT BUREAU DESK AUDIT W A HARRIMAN CAMPUS ALBANY NY 12227

# Instructions

# Instructions for claimants not registered with the Department of Taxation and Finance

- Complete all items on the front.
- Enter the date of purchase in the space labeled *Period* covered by claim/date(s) of purchase.
- Explain the basis for the refund claim in detail and send all documents necessary to substantiate it (e.g., invoices, receipts, proof of payment of tax, etc.). Photocopies are acceptable. Failure to send any required documents will result in the return of the credit or refund application. Submit documents in a format suitable to determine the correct amount of refund or credit.
- All documentation for purchases on behalf of an organization, business, or for a business purpose must clearly identify the purchaser. Cash receipts, register tapes, or other forms of receipts or invoices that do not identify the purchaser may not be accepted.
- If you are claiming a refund for sales tax because you are an exempt organization, you must attach a copy of your New York State exempt organization certificate. If you do not have exempt status in New York State, you must contact the Business Tax Information Center for an application (see Need Help? below).

# Instructions for claimants who are registered with the Department of Taxation and Finance

- Complete all items on the front.
- If a portion of the claim is to be applied as a credit on a tax return and the balance is requested as a refund, state these amounts separately in the applicable box on the front.
- Explain the basis for the refund claim in detail and send all documents necessary to substantiate it (e.g., invoices, exemption certificates, credit memoranda, etc.). Photocopies are acceptable. Failure to send any required documents will result in the return of the credit or refund application. Submit documents in a format suitable to determine the correct amount of refund or credit.
- All documentation must clearly identify the purchaser. Cash receipts, register tapes, or other forms of receipts or invoices that do not identify the purchaser may not be accepted.
- If the invoices and credit memoranda to be submitted are voluminous, you may submit a summary in table form or schedule. The summary or schedule should contain all pertinent information concerning these documents, such as invoice number, date of invoice, name of purchaser or supplier, item sold or purchased, amount of invoice excluding tax, amount of tax billed, taxing jurisdiction where sale or purchase was made, and the reason the claimant is entitled to a credit or refund. A sampling of documents may be requested to verify any summary submitted. Submit documents in a format suitable to determine the correct amount of credit or refund.
- If the basis of a claim for credit or refund is that a customer gave you an exemption certificate after you remitted the tax with your return, you must send copies of the exemption certificates, invoices, and credit memoranda involved in the claim. If your customer originally paid you sales or use tax and subsequently submitted an exemption certificate requesting a credit or refund of the sales or use tax, you must include with your claim proof of repayment of the tax to the customer, such as a copy of the canceled check.

### **Contractors**

— A contractor claiming a credit or refund for sales or use tax paid on a purchase of certain tangible personal property must send, for each transaction, a summary in table form detailing specific information. This refers to tangible personal property that (1) became a physical component part of the property upon which a taxable service, such as a repair, was performed or (2) was resold by way of a retail sale. The information to be reported on each summary must include date of sale, name of customer, locality, amount of invoice (excluding sales tax), tax collected, cost of materials used, tax paid on materials that qualify for the credit or refund, and a description of these materials. A sampling of documents may be requested to verify any summary submitted.

#### Interest

— The sales tax laws provide for interest on the refund amount in certain situations. In order to calculate the amount of interest to be paid, the refund claim must show the total amount of tax paid in each of the sales tax quarters. If this information is not provided, interest will be computed from the last period for which the refund is being claimed. For sales tax, the reporting periods end the last day of February, May, August, and November.

## Representative

— When the representative listed is not the claimant (or the owner, partner or an officer of the business listed as the claimant), he/she must file a properly completed Form POA-1, *Power of Attorney*, authorizing him/her to act on the claimant's behalf and to receive information pertaining to the application for credit or refund.

#### When to file

**Sales and/or use tax -** File the application for credit or refund within three years after the date the tax was payable to the Commissioner of Taxation and Finance.

## **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

# Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms:

1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100 **Business Tax** Information Center: 1 800 972-1233

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications

device for the deaf (TDD) callers only): 1.8

1 800 634-2110

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.