



Iowa Department of Revenue

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IA 843 Claim for Refund**Sales, Use, Excise, and Local Option Tax****FOR OFFICE USE ONLY**

NAME Full Name		DLN	
BUSINESS NAME		CONTROL NUMBER	
CURRENT MAILING ADDRESS 123 Main Drive		TOTAL REFUND	
CITY, STATE, ZIP Iowa City, IA, 52242		500#	EXAM DATE DUP
SOCIAL SECURITY NUMBER XXX-XX-XXXX	SALES OR USE TAX PERMIT NUMBER		COMMENTS
FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY NUMBER 52		

CHECK THE BOX corresponding to the type of refund you are claiming. Complete all sections on the form.
See instructions for documentation required to support claim.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Sales Tax | <input type="checkbox"/> Vehicle One-time Registration Fee/Vehicle Use Tax: |
| <input type="checkbox"/> Fuel Used in Implement of Husbandry | Enter your Vehicle Identification Number (VIN): _____ |
| <input type="checkbox"/> Fuel Used in Processing | <input type="checkbox"/> Local Option Sales Tax: Complete the schedule on the second page. |
| <input type="checkbox"/> Machinery, Equipment, and Computers | <input type="checkbox"/> Local Hotel / Motel Tax |
| <input type="checkbox"/> Retailer's Use Tax | <input type="checkbox"/> Automobile Rental Tax |
| <input type="checkbox"/> Consumer's Use Tax | <input type="checkbox"/> State Excise Tax: <input type="checkbox"/> Lodging <input type="checkbox"/> Certain Construction Equipment |
| | <input type="checkbox"/> Biodiesel Production |

CLAIM PERIOD 3rd of 2012 **TO** 4th of 2012 Break down claim period by quarters. Attach additional sheets if necessary.

TAX PERIOD	ORIGINAL IOWA TAX PAID (no local option sales tax)	CORRECTED AMOUNT	TAX TO BE REFUNDED
09-30-12	25.00	0.00	25.00
1. SUBTOTALS:	25.00		25.00
2. Subtotals: Combined School and Regular Local Option Tax Refund from reverse side			10.00
3. TOTAL REFUND DUE: Add subtotals.			35.00

REASON FOR REFUND REQUEST: Explain in detail the reason(s) a refund is due, including applicable Code section and rule references. Attach an additional sheet if needed.

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ATTACH ALL SUPPORTING DOCUMENTATION AS REQUIRED. SEE INSTRUCTIONS.

I, the undersigned, declare under penalty of perjury that I have examined this claim, including all accompanying schedules, documentation, and statements, and, to the best of my knowledge and belief, it is a true, correct, and complete claim.

CLAIMANT'S SIGNATURE: _____ DATE: DD-MM-YY PHONE NUMBER: XXX-XXX-XXXX

PRINT NAME: Full Name TITLE (IF CORPORATION): _____

Claim Period 3rd of '12 to 4th of '16

TAX PERIOD	COUNTY NUMBER	ORIGINAL TAX PAID	CORRECTED AMOUNT	LOCAL OPTION TAX TO BE REFUNDED	SCHOOL LOCAL OPTION TAX TO BE REFUNDED (for period prior to 7-1-08 only)
09-20-12	52	10.00	0.00	10.00	
TOTALS		10.00		10.00	
Total Combined Local Option Tax Due. Enter on line 2 of page 1, Subtotals.				10.00	

01-ADAIR	26-DAVIS	51-JEFFERSON	76-POCAHONTAS
02-ADAMS	27-DECATUR	52-JOHNSON	77-POLK
03-ALLAMAKEE	28-DELAWARE	53-JONES	78-POTTAWATTAMIE
04-APPANOOSE	29-DES MOINES	54-KEOKUK	79-POWESHIEK
05-AUDUBON	30-DICKINSON	55-KOSSUTH	80-RINGGOLD
06-BENTON	31-DUBUQUE	56-LEE	81-SAC
07-BLACK HAWK	32-EMMET	57-LINN	82-SCOTT
08-BOONE	33-FAYETTE	58-LOUISA	83-SHELBY
09-BREWER	34-FLOYD	59-LUCAS	84-SIOUX
10-BUCHANAN	35-FRANKLIN	60-LYON	85-STORY
11-BUENA VISTA	36-FREMONT	61-MADISON	86-TAMA
12-BUTLER	37-GREENE	62-MAHASKA	87-TAYLOR
13-CALKOUN	38-GRUNDY	63-MARION	88-UNION
14-CARROLL	39-GUTHRIE	64-MARSHALL	89-VAN BUREN
15-CASS	40-HAMILTON	65-MILLS	90-WAPPELO
16-CEDAR	41-HANCOCK	66-MITCHELL	91-WARREN
17-CERRO GORDO	42-HARDIN	67-MONROA	92-WASHINGTON
18-CHEROCKE	43-HARRISON	68-MONROE	93-WAYNE
19-CHICKASAW	44-HENRY	69-MONTGOMERY	94-WEBSTER
20-CLARKE	45-HOWARD	70-MUSCATINE	95-WINNEBAGO
21-CLAY	46-HUMBOLDT	71-O'BRIEN	96-WINNEBIEK
22-CLAYTON	47-IDA	72-OSCEOLA	97-WOODBURY
23-CUNTON	48-IOWA	73-PAGE	98-WORTH
24-CRAWFORD	49-JACKSON	74-PALO ALTO	99-WRIGHT
25-DALLAS	50-JASPER	75-PLYMOUTH	