



22AA10049

Trade Name _____ Admissions Tax Account Number _____

Legal Business Name _____ FEIN or Social Security Number _____

Mailing Address _____ Email address _____

City/Town _____ State _____ Zip Code +4 _____ Telephone Number _____

The undersigned, hereby requests the Comptroller to refund the sum of \$ _____ . ____ . This sum is the amount of admissions and amusement tax that has been improperly paid by the undersigned for the reasons described below:

1. _____
2. _____
3. _____

Type of Activity (3 digit code)	Subdivision Imposing Tax	Tax Rate	Period Covered	Gross Receipts Before Deducting Tax	Tax Paid	Tax Refund
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Attach extra sheets if needed. Use same format.

NOTE: In order to expedite this application, non-returnable copies of records supporting the refund request should accompany this form. These records should include, when appropriate, collection tickets, sales journals, cash receipts journals, and admissions and amusement tax returns corresponding to entries in this application. If it is impractical to forward copies of all supporting documents, the records must be made readily available for review by an employee of the Compliance Division, if requested.

FOR OFFICE USE ONLY

Claim Number _____ Claim Code _____

Amount Approved _____

Liabilities _____

Amount Forwarded to Claimant _____

Approved By _____

Manager's Signature _____

I HEREBY CERTIFY that I have examined the information set forth in this claim, including any accompanying schedules or statements, and that said information is true, accurate and complete to the best of my knowledge and belief.

Signature (Blue or Black Ink)

Print Name and Title

Date