# **REVENUE**

Complete all sections on the form. See	tax.iowa.gov		
Legal name:			
Doing business as:			
Current mailing address:			
City:	State: ZIP:		
Social Security Number:	Federal Employer Identification Number:		
Check the box corresponding to the typ	be of refund you are claiming.		
□ Sales tax	Construction equipment excise tax		
□ Local option sales tax	□ Water service excise tax		
(Complete schedule on page 2)	Automobile rental excise tax		
Biodiesel production			
□ Vehicle fee for new registration (Vehicle	e Identification Number (VIN): )		
□ State or local hotel and motel excise tax	c. County Jurisdiction:		
Check the box corresponding to the rea instructions for required supporting do	ason you are claiming a refund, if applicable. See the cumentation.		
□ Rack shelving or conveyor equipment	□ Grain bins		
□ Wind or renewable energy	□ Resale		
□ Data center	□ Railroad rolling stock		
□ Farm machinery or equipment	Nontaxable services		
□ Manufacturing machinery or equipment	Computers or computer peripherals		
Fuel used in processing or implements husbandry	of Divide		
□ Services used in new construction			

**Reason for refund request:** Explain in detail the reason(s) a refund is due, including applicable Code section and rule references. Include additional sheets, if necessary.

## Tax Credit Certificate Number (if applicable): \_\_\_\_\_

# Claim period: From \_\_\_\_\_ to \_\_\_\_\_.

Taxpayers may claim refunds up to three years before the date this return is filed with the Department.

#### lowa tax schedule

Original lowa tax paid (no local option sales tax)	Corrected amount	lowa tax to be refunded	

### Local option sales tax schedule

Break down the claim by county. Enter the total local option sales tax to be refunded on line 2 below. Include additional sheets, if needed.

County in which tax was paid	Original tax paid	Corrected amount	Local option sales tax to be refunded

Total (Enter on Line 2 below):\_\_\_\_\_

Check this box if you agree to have your refund claim reviewed utilizing a statistical sampling method: More information about statistical sampling in auditing can be found at tax.iowa.gov.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_\_ Title (if business): \_\_\_\_\_

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#### Instructions

The completed IA 843 Refund Return should be the first page of a submitted claim, followed by all supporting documentation.

**Note:** If you want to request a refund for tax remitted under a sales or use tax permit, you must file an amended return.

### Who may file:

This form may be filed to claim a refund related to sales, water service excise, vehicle fee for new registration, local option sales, state or local hotel and motel, automobile rental, construction equipment, or biodiesel production (motor fuel) taxes.

The IA 843 may not be used to claim a refund of withholding tax. Employers must file an amended withholding quarterly return to claim a withholding tax refund.

Individuals must file IA 1040 or IA 1040X, as appropriate, to request a refund of Iowa income tax withheld.

**Individuals:** Must provide your Social Security Number.

**Sole proprietors:** Must provide a Social Security Number and a Federal Employer Identification Number, if applicable.

**Partnerships and corporations:** Must provide your Federal Employer Identification Number.

**Local Hotel and Motel Jurisdiction**: More information about local option jurisdictions is available at tax.iowa.gov in the lowa Local Option Tax Information section.

### Who must sign:

If a claim is filed for a corporation, the claim must be signed either by an officer or by other authorized representative of the corporation. If an attorney or agent is filing the claim on behalf of the claimant, a power of attorney (original) authorizing the attorney or agent to sign must be submitted with the claim. A power of attorney should clearly identify who is to receive the refund check and where it should be mailed.

Provide the following required supporting documentation:

Sales tax, water service, state or local hotel and motel, construction equipment, and automobile rental: Provide copies of the invoices, exemption certificates, credit memos, and any other supporting documentation applicable. **Vehicle fee for new registration:** Copies of the original bill of sale, the title, the registration showing the fee was paid, and any additional supporting information. Note: The vehicle identification number (VIN) must be entered on the first page of this claim.

**Local option sales tax:** Copies of all invoices verifying that local option sales tax has been paid.

**Biodiesel production:** The number of biodiesel gallons produced during each quarter.

**Rack shelving or conveyor equipment:** A tax credit certificate number.

Fuel used in processing or implements of husbandry: An energy study to determine the exempt percentage, copies of all invoices, and a schedule of energy used. Explain how the equipment using the fuel is used in processing or an implement of husbandry and describe the tangible personal property to be sold at retail.

**Farm and processing machinery and equipment:** Copies of all invoices. Explain how each item is used directly and primarily in agricultural production or in processing.

**Computers and computer peripherals:** Copies of all invoices. Explain how they are used in processing or storing data and describe your type of business or occupation.

Wind and renewable energy: Tax credit certificate number and copies of all invoices.

Iowa Economic Development Authority contract utilities: Tax credit certificate number

Data center: An affidavit and copies of all invoices.

Where is my sales tax refund?

Call 515-725-1104

#### **Questions?**

Phone: 515-281-3114 or 800-367-3388 8:00 a.m. – 4:30 p.m. CT

- Email: idr@iowa.gov
- Mail: Compliance Services lowa Department of Revenue PO Box 10456 Des Moines IA 50306-0456