

Texas Claim for Refund

IMPORTANT: If the purchaser did not have an active Sales Tax permit during the claim period, the purchaser is required to obtain a completed and signed Texas Assignment of Right to Refund (Form 00-985) and submit it, along with this claim, to the Texas Comptroller's Office. However, if the purchaser is requesting a refund of local tax only, paid to a Remote Seller, the Texas Assignment of Right to Refund form is not required. If someone other than the taxpayer/claimant submits the claim, a completed **Power of Attorney (Form 01-137)** must be submitted.

For information on documentation required to file a **Sales Tax** refund claim, please visit our website at www.comptroller.texas.gov/taxes/sales/refunds/.

Taxpayer/Claimant name	Claimant ID number <i>(Texas taxpayer number if you have one)</i>
Mailing address <i>(Street)</i>	Total amount of refund requested:
City, state and ZIP code	<input type="checkbox"/> Check here if you entered an amended return online for this same period.

1. Period of claim First date: _____ Last date: _____
(mm/dd/yy) (mm/dd/yy)

2. Please state fully, and in detail, each reason or ground on which this refund claim is founded. Please note, simply stating "Tax paid in error" does not provide a sufficient reason for a refund. *Attach additional sheets, if necessary.*

3. Type of tax or fee upon which this refund claim is based *(Enter code from list below.)*

- 26 - Sales Tax 50 - Texas Emissions Reduction Surcharge 64 - Petroleum Product Delivery Fee 73 - Mixed Beverage Gross Receipt
- 27 - Direct Pay 63 - Mixed Beverage Sales 70 - Motor Vehicle Seller-Financed Sales 75 - Hotel Occupancy - State Only
- Other tax _____

4. **For Accounting Errors** - submit accounting records. **For other claims:** Submit invoices for each claim request. Attach a schedule *(see example Form 01-911)* to support claims with more than 10 sales invoices.

5. FOR SALES TAX ONLY, the name, authority ID, and amount of tax claimed for each local jurisdiction must be included on the schedule Form 01-911. *(To find local codes go to <https://mycpa.cpa.state.tx.us/atj/> or ask the seller.)*

Name of contact <i>(please print)</i>	Email address of contact:
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Signature of taxpayer/claimant/contact: 	Date	Daytime phone <i>(Area code and number)</i>
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You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed below.

<p>Please choose one method of submitting your request and supporting documentation:</p> <p>Mail to: Comptroller of Public Accounts Revenue Accounting Division Sales & Motor Vehicle Tax Refunds 111 E. 17th Street Austin, TX 78774-0100</p> <p>Email to: refund.request@cpa.texas.gov Inquiries only: refund.status@cpa.texas.gov</p>	<p>For assistance, call 1-800-531-5441 ext. 34545 or 512-463-4545.</p>
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