



MAINE REVENUE SERVICES

SALES, FUEL & SPECIAL TAX DIVISION

REQUEST FOR SALES TAX REFUND

To ensure prompt processing of this application, please fill in all applicable lines and attach all pertinent information.

Name _____ Social Security # _____
Address _____ Federal ID # _____
City/State/Zip _____ Contact Person _____
Telephone # _____

AMOUNT OF REFUND REQUEST \$ _____ (Additional information may be required)

WHAT SHOULD BE INCLUDED WITH THE APPLICATION?

1. If tax was paid to a retailer and not directly to Maine Revenue Services, the refund(s) should be obtained from the retailer. **If the retailer refuses to issue the refund, documentation indicating such from the retailer **MUST** be included with this application.**
2. Cover letter explaining the reason for the refund request.
3. Proof tax was paid. (copies of invoices, etc.)
4. Any other pertinent information.
5. If the refund is for tax paid on a motor vehicle, boat or other vehicle please send a copy of the registration, including: Year; Make; Model; VIN number; Plate number; Place and Date of registration.

- * Refunds are disallowed when an application is received more than 3 years after the date of over payment.*
- * This refund request is considered incomplete until all requested additional information has been timely received.*
- * Failure to provide additional information could result in a denial of your request.*

I certify under the pains and penalty of perjury that the statements made in this application and any attachments thereto are true, accurate and complete to the best of my knowledge and belief.

Signature _____ Date _____

Print Name _____ Title _____

Mail Application & Documentation to:

**Maine Revenue Services
Sales, Fuel & Special Tax Division
P.O. Box 1060
Augusta, ME 04332-1060
(207) 624-9693**