



MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION

APPLICATION FOR REFUND OF SALES OR USE TAX

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

Name and address:

_____ Social Security # _____

_____ Federal ID # _____

_____ Contact Person _____

Telephone # _____

AMOUNT OF REFUND REQUEST \$ _____

WHAT SHOULD BE INCLUDED WITH THE APPLICATION?

1. Cover letter explaining the reason for the refund request.
2. Proof tax was paid. (copy of an invoice etc.)
Refunds disallowed when an application is received more than 3 years after the date of over payment!
3. Any pertinent information.
4. 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 of registration; Date of registration.
5. If tax was paid to a retailer and not directly to Maine Revenue Services the refund should be obtained from the retailer. If the retailer refuses to issue the refund, documentation from the retailer should be included with this application.

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 _____

Maine Revenue Services
Sales, Fuel & Special Tax Division
P.O. Box 1065
Augusta, ME 04332-1065
Fax (207)287-6628
Tel (207)624-9693