



Sales, Use, Excise, and Local Option Tax

NAME	
BUSINESS NAME	
CURRENT MAILING ADDRESS	
CITY, STATE, ZIP	
SOCIAL SECURITY NUMBER	SALES OR USE TAX PERMIT NUMBER
FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY NUMBER

CHECK THE BOX corresponding to the type of refund you are claiming. Complete all sections on the form.
See instructions for documentation required to support claim.

- | | |
|---|--|
| <input type="checkbox"/> Retail Sales Tax
<input type="checkbox"/> Fuel Used in Implement of Husbandry
<input type="checkbox"/> Fuel Used in Processing
<input type="checkbox"/> Machinery, Equipment, and Computers
<input type="checkbox"/> Retailer's Use Tax
<input type="checkbox"/> Consumer's Use Tax | <input type="checkbox"/> Vehicle One-time Registration Fee/Vehicle Use Tax:
Enter your Vehicle Identification Number (VIN): _____
<input type="checkbox"/> Local Option Sales Tax: Complete the schedule on the second page.
<input type="checkbox"/> Local Hotel / Motel Tax
<input type="checkbox"/> Automobile Rental Tax
<input type="checkbox"/> State Excise Tax: <input type="checkbox"/> Lodging <input type="checkbox"/> Certain Construction Equipment
<input type="checkbox"/> Biodiesel Production |
|---|--|

CLAIM PERIOD _____ **TO** _____ Break down claim period by quarters. Attach additional sheets if necessary.

TAX PERIOD	ORIGINAL IOWA TAX PAID (no local option sales tax)	CORRECTED AMOUNT	TAX TO BE REFUNDED
1. Column Subtotals			
2. Subtotal from reverse side of Local Option Tax Refund			
3. TOTAL REFUND DUE: Add subtotals.			

REASON FOR REFUND REQUEST: Explain in detail the reason(s) a refund is due, including applicable Code section and rule references. Attach an additional sheet if needed. _____

THE IA 843 SHOULD BE THE FIRST PAGE OF A SUBMITTED CLAIM, WITH ALL SUPPORTING DOCUMENTATION BEHIND - SEE INSTRUCTIONS FOR SUPPORTING DOCUMENTATION REQUIREMENTS.

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

CLAIMANT'S SIGNATURE: _____ DATE: _____ PHONE NUMBER: _____

PRINT NAME: _____ TITLE (IF CORPORATION): _____

