

**MORGAN COUNTY SALES TAX OFFICE
PETITION FOR REFUND**

Taxpayer's Name _____ Type of Tax(s) _____
Address _____ Period Covered _____

Telephone Number _____ Total Amount Refund Request _____
Taxpayer's ID Number _____ Account Number _____
(Social Security Number or FEIN)

1. Explain below the reason(s) for your refund request.
(Attach additional sheets if necessary.)

2. If you have additional evidence or information which will support you, check the appropriate block and attach photocopies if possible.
[Additional Evidence or Information Attached.
3. Do you wish to schedule a conference during which you may present you position to the Department? (If you mark yes, you will be notified in writing of a date and time for a conference.)
[Yes [No

Signature of Taxpayer or Representative
(Representative Must Attach Power of Attorney)

Date

Title

NOTE: If this is an appeal by a corporation, an authorized officer must sign. An appeal by a partnership requires the signature of a partner.

Questions may be directed to the Morgan County Sales Tax Office at telephone number (256) 351 – 4619.