Form **843**
(Rev. October 1981)
Department of the Treasury
Internal Revenue Service

Claim

▶ See Instructions on back

OMB No. 1545-0024
Expires 12-31-83

If your claim is for an overpayment of income taxes, do NOT use this form (see Instructions)

Please print or type

Name of taxpayer or purchaser of stamps

Number and street

City or town, State, and ZIP code

Fill in applicable items—Use attachments if necessary

1 Your social security number

2 Employer identification number

3 Internal Revenue Service Center where return (if any) was filed

4 Name and address shown on return, if different from above

5 Period—prepare separate form for each tax period
From , 19 , to , 19

6 Amount to be refunded or abated
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