Form **843**
(Rev. April 1985)
Department of the Treasury
Internal Revenue Service

Claim

▶ **See Instructions on back.**

OMB No. 1545-0024
Expires 3/31/88

If your claim is for an overpayment of income taxes, do NOT use this form (See Instructions)
(Use this form ONLY if your claim involves one of the taxes shown on line 8 or a refund or abatement of interest or penalties.)

Please type or print

Name of taxpayer or purchaser of stamps	Telephone number (optional) ( )
Number and street	
City, town, or post office, state, and ZIP code	

Fill in applicable items—Use attachments if necessary

1 Your social security number	2 Spouse's social security number	3 Employer identification number

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 $

7 Dates of payment

8 Type of tax or penalty
☐ Employment ☐ Estate ☐ Excise ☐ Gift ☐ Stamp ☐ Penalty IRC section ▶

9 Kind of return filed
☐ 706 ☐ 709 ☐ 720 IRS No. (s) ▶ _____ ☐ 940 ☐ 941 ☐ 990-PF ☐ 2290 ☐ 4720
☐ Other (specify) ▶

10 If this claim involves refund of excise taxes on gasoline, special fuels or lubricating oil, please indicate your tax year for income tax purposes.