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.)

Name of taxpayer or purchaser of stamps

Telephone number (optional) 

Number and street

City, town, or post office, state, and ZIP code

Please type or print:

Fill in applicable items—Use attachments if necessary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Your social security number</td>
</tr>
<tr>
<td>2</td>
<td>Spouse's social security number</td>
</tr>
<tr>
<td>3</td>
<td>Employer identification number</td>
</tr>
</tbody>
</table>

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.

11 Explain why you believe this claim should be allowed and show computation of tax refund or abatement.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature (Title, if applicable)  

Date

Signature  

Date

For Internal Revenue Service Use Only

☐ Refund of taxes illegally, erroneously, or excessively collected

☐ Refund of amount paid for stamps unused, or used in error or excess

☐ Abatement of tax assessed (not applicable to estate or gift taxes)

For Paperwork Reduction Act Notice, see instructions on back.
Instructions
(Section references are to the Internal Revenue Code.)

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

Purpose of Form.—This form can be used to claim certain refunds and abatements. Use Form 843 to file a claim for refund of overpaid taxes (except in the case of income tax), interest, penalties, and additions to tax. For example, if on your employment tax return, you reported and paid more Federal income tax than was actually withheld from an employee, use this form to claim a refund.

Form 843 is also used to file a claim for abatement of an overassessment or the unpaid portion of an overassessment, if more than the correct amount of tax (except in the case of income, estate, and gift taxes), interest, additional amount, addition to tax, or assessable penalty has been assessed.

General Instructions.—Do not use this form to make a claim for overpayment of income tax. Individuals who filed Form 1040, 1040A, or 1040EZ must use Form 1040X, Amended U.S. Individual Income Tax Return, to claim an overpayment. Corporations who filed Form 1120 or Form 1120-A, must use Form 1120X, Amended U.S. Corporation Income Tax Return, to claim an overpayment. Other income tax filers should file a claim on the appropriate amended tax return. (Follow the instructions on the appropriate form for filing an amended return.)

Your agent may make a claim for you. In this case, the original or a copy of the power of attorney must be attached to the claim.

If you are filing the claim as a legal representative for a decedent whose return you filed, attach to the claim a statement that you filed the return and are still acting as the representative. If you did not file the decedent's return, attach to the claim certified copies of letters testamentary, letters of administration, or similar evidence to show your authority.

If a corporation is making the claim, the person authorized to act in its behalf must sign the claim and show his/her title.

Specific Instructions.—Lines that are not explained below are self-explanatory.

Lines 1 and 2.—If you are claiming a refund based on an overpayment made on a joint return, such as a refund for overpaid Windfall Profits Tax, each spouse must enter his or her social security number.

Line 8.—Check the appropriate box to show the type of tax or penalty. If you are filing a claim for refund or abatement of an assessed penalty, check the box and enter the applicable Internal Revenue Code (IRC) section. For example, if the penalty was assessed under section 6700, Promoting Abusive Tax Shelters, check the penalty box and enter 6700 in the space provided for the IRC section. Generally, the IRC section can be found on the Notice of Assessment you receive from the Service Center.

Line 9.—Check the appropriate box to show the kind of return, if any, that was filed. If the box for Form 720 is checked, enter the IRS No.(s) in the space provided. The IRS No. can be found on Form 720 to the right of the entry space for the tax.

Line 11.—Specify in detail your reasons for filing this claim and show your computation for the credit, refund or abatement. Also attach appropriate supporting evidence.

Signature.—If you are claiming a refund based on an overpayment made on a joint return such as a refund for overpaid Windfall Profits Tax, each spouse must sign the refund claim.

Where to File.—File your claim with the Internal Revenue Service Center where you filed your return.

If your claim is for alcohol and tobacco taxes, see the regulations for that particular tax to determine whether you should file with the Regional Director, Bureau of Alcohol, Tobacco and Firearms.

For Internal Revenue Service Use Only

Transcript of Claimant's Account

(Complete only for miscellaneous excise taxes and alcohol, tobacco, and certain other excise taxes imposed under subtitles D and E, Internal Revenue Code.)

The following is a transcript of the record of this office covering the liability that is the subject of this claim.

A—Assessed Taxes

<table>
<thead>
<tr>
<th>Tax Period and Class of Tax</th>
<th>Document Locator No.</th>
<th>Reference and Date</th>
<th>Amount Assessed</th>
<th>Date or Sched. No.</th>
<th>Amount Paid, Abated, or Credited</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B—Purchase of Stamps

<table>
<thead>
<tr>
<th>To Whom Sold or Issued</th>
<th>Kind</th>
<th>Number</th>
<th>Denomination</th>
<th>Date of Sale</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

If Special Tax Stamp, State:

<table>
<thead>
<tr>
<th>Document Locator No.</th>
<th>Period Commencing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared by (initials) Date Office