

Claim for Refund and Request for Abatement

▶ See separate instructions.

Use Form 843 only if your claim involves one of the taxes shown on line 3a or a refund or abatement of interest, penalties, or additions to tax on line 4a.

Note: Do not use Form 843 if your claim is for—

- An overpayment of income taxes;
- A refund of fuel taxes; or
- An overpayment of excise taxes reported on Form 720, 730, or 2290.

Please type or print	Name of claimant	Your social security number	:	:
	Address (number, street, and room or suite no.)	Spouse's social security number	:	:
	City or town, state, and ZIP code	Employer identification number	:	:
	Name and address shown on return if different from above	Daytime telephone number	()
1 Period—prepare a separate Form 843 for each tax period From _____, 19____, to _____, 19____		2 Amount to be refunded or abated \$ _____		

- 3a** Type of tax, penalty, or addition to tax:
- Employment
 Estate
 Gift
 Excise (other than excise taxes reported on Form 720, 730, or 2290)
 Penalty IRC section ▶ _____
- b** Type of return filed (see instructions):
- 706
 709
 940
 941
 990-PF
 4720
 Other (specify) _____

- 4a** Request for abatement or refund of:
- Interest caused by IRS errors and delays (under Rev. Proc. 87-42—see instructions).
 A penalty or addition to tax as a result of erroneous advice from the IRS.
- b** Dates of payment ▶ _____

5 Explanations and additional claims. Explain why you believe this claim should be allowed, and show computation of tax refund or abatement of interest, penalty, or addition to tax.

Signature. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the signature must be accompanied by the officer's title.

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.		Director's Stamp (Date received)
..... Signature (Title, if applicable. Claims by corporations must be signed by an officer.) Date	
..... Signature Date	