Florida Department of Revenue

Application for Refund - Sales and Use Tax

DR-26S
R. 07/06

Important Note: Refund requests cannot be processed without complete documentation as suggested.

STOP: YOU MAY TAKE A CREDIT ON YOUR NEXT RETURN INSTEAD OF APPLYING FOR A REFUND (See FAQ # 3)

Your refund application will be rejected if the fields in red are not completed. Type or print clearly.

Part 1 Fill in

Name of applicant:

Mailing street address:

Mailing city, state, ZIP:

Location street address:

Location city, state, ZIP:

Business telephone number (include area code): ___-___-____

Home telephone number (include area code): ___-___-____

Fax number (include area code optional): _____

E-mail address (optional): _____

Part 2 Sign and date this form.

Signature of Applicant/representative: _____ Date: _____

Print name: _____ Title: _____

Important - A Florida Department of Revenue Power of Attorney (Form DR-835) must be properly executed and included if the refund request is submitted by the applicant's representative.

Representative's phone number: ( ) _____

Part 3 Enter amount of refund.

$___,___,___.__

Part 4 Provide the identification number of the applicant. If you do not have a Sales Tax Certificate Number or Federal Employer Identification Number, provide your Social Security Number.

Contract Object Number ____-____

Sales Tax Certificate Number __-__-_____-__/_

Federal Employer Identification Number: __-_____

Social Security Number ___-__-____

Part 5 Enter the date paid or the collection period(s) on the tax return(s) used to report the tax.

Date Paid: __/____ (M M / Y Y Y Y)

Applied period: _____ (M M D D Y Y) to _____ (M M D D Y Y)

Part 6 Refer to the Page (pg) number indicated for appropriate documentation instructions.

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Explain the reason for this refund & check appropriate box below

_____

_____

☐ Amended Return (070) pg 5	☐ Duplicate Payment (001) pg 6	☐ Exempt Issues (071) pg 8	☐ Rental of Real Property (1270) pg 10
☐ Audit Overpayment (050) pg 5	☐ Estimated Tax (1201) pg 6	☐ Gross Receipts pg 8	☐ Repossession (1350) pg 10
☐ Bad Debt (1300) pg 5	☐ Enterprise Zone Brownfield pg 7	☐ Lemon Law (1217) pg 8	☐ Other pg 10 (attach explanation)
☐ Community Contribution Tax Credit (1225) pg 6	☐ Enterprise Zone Building Materials (1102) pg 7	☐ Motor Vehicles/Boat/Mobile Home/ Aircraft (1210) pg 9	
☐ Credit Memos (065) pg 6	☐ Enterprise Zone Equipment (1103) pg 7	☐ New & Expanding Business (1105) pg 6	

FOR FLORIDA DEPARTMENT OF REVENUE USE ONLY

Approval Amount $ _____ Authorized By _____ Date _____

Review Refund Amount $ _____ Approved By _____ Date _____

MAIL TO:
FLORIDA DEPARTMENT OF REVENUE
REFUNDS SUB-PROCESS
PO BOX 6490
TALLAHASSEE FL 32314 - 6490
FAX: 850-410-2526

Tear on Perforation