

## **DEPARTMENT OF REVENUE SERVICES**

AUDIT DIVISION 450 COLUMBUS BLVD, SUITE 1 HARTFORD, CONNECTICUT 06103

## ASSIGNMENT OF RETAILER'S RIGHTS FOR REFUND

					SCHEDULE NO
NAME OF CLAIMANT					CT SALES TAX I.D.#
NAME OF RETAILER					CT SALES TAX I.D.#
STREET ADDRESS, CITY OR TOWN AND ZIP CODE					TOTAL SALES TAX AMOUNT ASSIGNED FOR REFUND \$
INVOICE DATE	INVOICE NUMBER	GROSS AMOUNT OF SALES EXCLUDING TAX	PORTION OF SALE SUBJECT TO REFUND CLAIM	TAX COLLECTED AND PAID ON PORTION SUBJECT TO REFUND CLAIM	ITEM SOLD
	AL WORKSHEETS A				
I am the authorincluding attaction this claim these sales ta Any refunds cagree with the	ched additiona mant and was r exes remitted to due are assigne	ntative of the retall worksheets are emitted to the Departmented to the claiman (The penalty for	true and corre epartment of R t of Revenue S t. The retailer	ect for the sale evenue Servic Services for th understands	under penalty of false statement that the figures above s indicated; that the sales tax shown was collected ces; and that this retailer disclaims any interest in e period / / through / / that by signing this declaration it does not necessarily ment not to exceed one year or a fine not to exceed
NAME OF RETAILE	R (PLEASE PRINT)				
SIGNATURE OF AUTHORIZED REPRESENTATIVE					DATE
NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)					TITLE (PLEASE PRINT)