

**APPLICATION FOR REFUND OF
FLORIDA STATE SALES TAX**

Pursuant to the provisions of State of Florida Department of Revenue Rule 12A-1.014, Florida Administrative Code,

Name: _____

Account Numbers: _____

Billing Address: _____

hereby makes application to the City of Tallahassee for a refund of sales tax.

I certify that all electric energy or natural gas purchased by the undersigned for _____ (name) after _____ (date) was purchased for exempt purposes and not subject to Florida State Sales Tax. This claim is made pursuant to the provisions of State of Florida Department of Revenue Rule 12A-1.014, Florida Administrative Code.

The period for which this claim for refund is made is _____ (date) to _____ (date).

NOTE: I understand that this claim can only be allowed for purchases if they occurred within three years from the date of this application. I also understand that if such purchases of electric energy or natural gas do not qualify for exemption, the undersigned will be subject to sales tax, interest, and penalties by the Department of Revenue.

Received by City of Tallahassee

Applicant: _____

Date Refunded

Signature: _____

Amount

Title: _____

Date: _____