Remote Sales Tax Refund Form

The ARSSTC Uniform Code Section 120 authorizes the ARSSTC to determine the correct tax rate for a transaction and allows for tax refund requests. Refund requests must be made within 180 days of the date of the transaction. Submit copies of all receipts related to this refund request to AMSTP@akml.org. Refunds may be issued by either ARSSTC or the seller.

Date of Sale: _____

Amount of requested tax refund:_____   Amount of Sale: _____

Buyer Name: _____

Shipping Address: _____

Billing Address: _____

Buyer Phone: _____

Buyer Email: _____

Basis for Claim:

☐ I live outside of a taxing jurisdiction

☐ Seller did not accommodate the sales tax cap for my community

☐ I was charged the tax rate for a different community

☐ I am eligible for a tax exemption that was not honored (please submit proof of exemption along with receipt)

☐ Other: _____

I have contacted the seller to request a refund:

☐ Yes, but the seller could not accommodate my refund request

☐ No, (please list why not): _____

Seller/Business Name: _____

Seller Phone: _____

Seller Contact Name: _____

Seller Email: _____

I certify under penalty of perjury that I have not been reimbursed for incorrectly assessed sales tax by the above-mentioned business. I certify that this tax refund request (including any receipts and statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

_____   _____

Signature   Date Signed