

## Application for Refund of Cuyahoga County Taxes on Wine and Mixed Beverages, Beer or Malt Beverages Paid in Excess of Legal Requirements

<b>Reporting Period</b>
For period of: _____, 20__ to _____, 20__, inclusive.

<b>Account No.</b>
<b>File No.</b>
<b>State File No.</b>

1. Name \_\_\_\_\_  
Print name of Permit Holder as shown on permittee's license

2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
If records are located at an address other than line 2, show on line 3.

4. Federal Employer Identification Number or, if none assigned for reporting Federal Taxes, please enter your Social Security Number.

Employer Identification No.

Social Security No.		

5. Reason for Claim.  Unsaleable Product (Do not destroy until you have received approval from this department.)  
 Other – please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Amount of Beer and/or Malt Beverage Tax requested: \_\_\_\_\_ X .16 = \$ \_\_\_\_\_

7. Amount of Wine and Mixed Beverage Tax requested: \_\_\_\_\_ X .32 = \$ \_\_\_\_\_

8. Less Discount, if applicable (line 6 or 7 X .025) \_\_\_\_\_

9. Total Amount Requested \$ \_\_\_\_\_

I declare under penalties of perjury that this report, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

Claimant \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

<b>For Department Use Only</b>
Voucher No. _____

### Instructions

A separate refund claim must be submitted for beer or malt beverage tax & wine and mixed beverage tax. All refund applications must be filed with the Tax Commissioner on the proper forms. Complete records must be supplied supporting the information, otherwise the claim may be denied. Claims filed by distributors must be supported by credit memoranda issued to customers indicating the product was returned and that the county tax was paid.

can only be considered if filed within three years of the date of overpayment.

All claims must be numbered in sequence starting with No. 1. Enter the number in the file number space in the upper right corner of this form.

Send the original copy to the Department of Taxation, Attn: Excise Tax and Assessment Unit, P.O. Box 530, Columbus, OH 43216-0530. Retain the duplicate copy for your records.

All applications for refund must be filed within 90 days from the date it is ascertained a refund is due. In any event, applications