



**FP-331 CLAIM FOR REFUND
SALES AND USE TAX**

Year 201__

This is a FILL-IN format. Please do not handwrite
any data on this form other than your signature.

NAME OF TAXPAYER				
TRADE NAME				
STREET ADDRESS				
CITY	STATE	ZIP CODE	PHONE #	FAX #:
<input type="radio"/> FEIN <input type="radio"/> SSN DC SALES AND USE TAX ACCOUNT ID NUMBER				
NOTE: FOR TAX PAID ON MORE THAN ONE RETURN, LIST EACH ON A SEPARATE LINE				
PERIOD ENDED	TOTAL TAX PAID	DATE OF PAYMENT	AMOUNT OF REFUND CLAIMED	EXPLANATION OF OVERPAYMENT
	\$	←TOTAL→	\$	(FOR ADDITIONAL SPACE, USE OTHER SIDE)
Under penalties of law the duly authorized applicant(s) do solemnly swear or affirm that the foregoing statements are correct to the best of my (our) knowledge.				
AUTHORIZED SIGNATURE			TITLE	DATE

OFFICIAL USE			
	INITIAL	DATE	AMOUNT
APPROVED			
DENIED			

FP-331 Instructions

Sales and Use Tax

Section 47-2020(a) of the DC Sales Tax Act allows a refund of tax erroneously or illegally collected if a claim is filed within **three years** from the date you paid the tax. If the tax has been collected from the customer, it must be refunded by the seller to the customer in cash or credit before the vendor can apply for a refund.

Attach your evidence to support the claim for refund. Include copies of original invoices and Certificates of Resale (OTR-368), tax exemption numbers of semipublic institutions, credit memos for returned sales or taxes refunded to customers and any other related documents.

Mail the claim to:

Office of Tax and Revenue
Audit Division
PO Box 556
Washington, DC 20044-0556

Questions? Call us at (202) 727-4829.