

Claim for Refund and Request for Abatement

▶ See separate instructions.

Use Form 843 only if your claim involves (a) one of the taxes shown on line 3a or (b) a refund or abatement of interest, penalties, or additions to tax on line 4a.

Do not use Form 843 if your claim is for—

- An overpayment of income taxes;
- A refund for nontaxable use (or sales) of fuel; or
- An overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

| | | |
|----------------------|--|--|
| Type or print | Name of claimant | Your SSN or ITIN |
| | Address (number, street, and room or suite no.) | Spouse's SSN or ITIN |
| | City or town, state, and ZIP code | Employer identification number (EIN) |
| | Name and address shown on return if different from above | Daytime telephone number () |
| 1 | Period. Prepare a separate Form 843 for each tax period From / / to / / | 2 Amount to be refunded or abated \$ |

3a Type of tax, penalty, or addition to tax:

- Employment Estate Gift Excise (see instructions)
 Penalty—IRC section ▶ _____

b Type of return filed (see instructions):

- 706 709 940 941 943 945 990-PF 4720 Other (specify)

4a Request for abatement or refund of:

- Interest as a result of IRS errors or delays.
 A penalty or addition to tax as a result of erroneous advice from the IRS.

b Dates of payment ▶

5 Explanation and additional claims. Explain why you believe this claim should be allowed, and show computation of tax refund or abatement of interest, penalty, or addition to tax. If you need more space, attach additional sheets.

Signature. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the signature must be accompanied by the officer's title.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

.....
 Signature (Title, if applicable. Claims by corporations must be signed by an officer.)

.....
 Date

.....
 Signature

.....
 Date