



This form and supporting documentation must be provided to the Iowa Department of Revenue within 90 days of the date the project cost was paid.

Operator name: \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

Iowa sales tax permit number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Instructions:** All columns must be filled out. Provide copies of invoices or any supporting documentation. If you need more space than provided, you may copy this schedule. Please send the form and documentation to: Alcohol & Tax Compliance Division, Iowa Department of Revenue, P.O. Box 14454, Des Moines, Iowa 50306-0456.

Vendor/Supplier Name	Total cost including tax	Explanation of how this item meets the definition of project cost	Date cost was incurred (MMDDYY)	Date cost was paid (MMDDYY)

I, the undersigned, declare under penalties of perjury that I have examined this rebate form, and to the best of my knowledge and belief, it is true, correct, and complete.

Name: \_\_\_\_\_ Date: \_\_\_\_\_