



This form and supporting documentation must be provided to the Iowa Department of Revenue on or before the last day of the month following the quarterly due date. Send this form and documentation to: Alcohol & Tax Compliance Division, Iowa Department of Revenue, P.O. Box 14454, Des Moines, Iowa 50306-0456.

Business name: _____

Responsible party: _____

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.

Vendor/Supplier Name	FEIN	Permit Number	Reported Sales at the complex	Sales/Use tax to be refunded	Local option tax not eligible for rebate

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

Name: _____ Date: _____