IOWA
Department of Revenue

Baseball and Softball Rebate Request

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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 under Iowa Code section 423.4(10) and Iowa Administrative Code rule 701–275.2. Send this form and documentation to: Alcohol & Tax Compliance Division, Iowa Department of Revenue, P.O. Box 14454, Des Moines, Iowa 50306-3454.

Business name:_____

Responsible party (Owner or operator): _____

Social Security Number (SSN) or Federal Employer Identification Number (FEIN):_____

Iowa sales tax permit number: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Instructions: All columns must be completed. Provide copies of invoices or any supporting documentation. If you need more space than provided, you may copy this schedule and attach it to your rebate request.

Vendor/Supplier Name	FEIN	Permit Number	Reported Sales at the complex	State Sales 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. I declare that I am authorized to act on behalf of the taxpayer, and will act only within my authority.

Printed Name: _____

Signature: _____ Date: _____