DRAFT

Florida Department of Revenue

Application for Refund

DR-26
R. XX/XX ~~01/19~~
Rule 12-26.008, F.A.C.
Effective XX/XX ~~01/19~~

Section 1: Taxpayer Information

Taxpayer Name:

Business Partner Number:	Federal Employer Identification Number (FEIN):	Social Security Number (SSN) *:

Mailing Street Address:

Mailing City:	State:	ZIP:

Location Street Address:

Location City:	State:	ZIP:

Telephone Number (include area code):	Fax Number (include area code):	Email Address (optional):

Section 2: Taxpayer Representative - This section is to be completed when a taxpayer representative is requesting the refund. A signed *Florida Department of Revenue Power of Attorney and Declaration of Representative* (Form DR-835) must be attached.

Representative Name:

Street or Mailing Address:

City:	State:	ZIP:

Telephone Number:	Fax Number:	Email Address (optional):

Section 3: Collection or Reporting Period(s) - Enter the date the tax was paid and the collection or reporting period(s).

Date Paid (MM / DD / YY):	**Collection or Reporting Dates** (MM / DD / YY to MM / DD / YY):

Section 4: Tax Categories - Check the box next to the type of tax you paid. A separate application must be completed for each tax type.

☐ Communications Services	☐ ~~Estate~~	☐ Insurance Premium	☐ Other (Please Specify):
☐ Corporate Income	☐ Fuel	☐ Nonrecurring Intangible	
☐ Documentary Stamp	☐ Governmental Leasehold	☐ Pollutant	

Section 5: Refund Amount - Enter the refund amount. Provide a brief explanation for the refund claim.

Refund Amount:	Brief Explanation for Refund:

*Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit the Department's website at **floridarevenue.com/privacy** for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Authorization and Signature

Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

Taxpayer Signature _____ Date _____

OR

Representative Signature _____ Date _____

Mail this application and applicable documentation to:

Florida Department of Revenue
Refunds
PO Box 6490
Tallahassee FL 32314-6490

OR
Fax (850)~~850-~~410-2526

For more information about the documentation needed to process your refund, or to check on the application status, call **Refunds** at **(850)~~850-~~617-8585**.

Contact Us

Information~~, forms,~~ and tutorials are available ~~on the Department's website~~ at **floridarevenue.com/taxes/education**.

~~To find a taxpayer service center near you, visit **floridarevenue.com/taxes/servicecenters**.~~

Tax forms and brochures are available at **floridarevenue.com/forms**.

To speak with a Department of Revenue representative, call Taxpayer Services at (850)488-6800, Monday through Friday, excluding holidays. For a written reply to tax questions, email Taxpayer Services at **fdortaxpayerservices@floridarevenue.com**.

~~For written replies to tax questions, write to:~~

~~Taxpayer Services - Mail Stop 3-2000 Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0112~~

Subscribe to Receive Email Alerts ~~Updates by Email~~ from the Department. Subscribe to receive an email for filing due date reminders, Tax Information Publications (TIPs), or proposed rules. Subscribe today at **floridarevenue.com/dor/subscribe**.

Reference

The following document was mentioned in this form and is incorporated by reference in the rule indicated below. The form is available online at **floridarevenue.com/forms**.

Form DR-835	Florida Department of Revenue Power of Attorney and Declaration of Representative	Rule 12-6.0015, F.A.C.