

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to your computer



Use the latest version of Adobe Acrobat Reader to complete the form



Guidelines

Do not handwrite any information



Do not use commas when entering amounts

1. 99,999.00 ❌

1. 99999.00 ✅

Do not use brackets for negative numbers

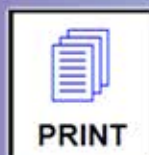
Use a minus sign to show the amount is negative

1. [99999.00] ❌

1. -99999.00 ✅

Printing

Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"

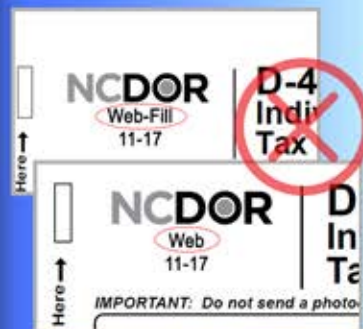


Do not print on both sides of the paper



Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



E-588F Claim for Refund Motor Vehicle Lease or Subscription Taxes

DOR
Use
Only

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Street Address

City State Zip Code County

Name of Person We Should Contact if We Have Questions About This Claim Contact Telephone

Location of Records (If Different from Above) Date of Payment

Account ID

FEIN or SSN

Period Beginning (MM-DD-YY)

Period Ending (MM-DD-YY)

Lease or Subscription

1. Amount of Tax Paid

2. Corrected Tax

3. Amount of Refund Requested \$
(Line 1 Minus Line 2. Lease or Subscription tax must be identified by rate on Line 4.)

4. Allocation of 3%, 5%, or 8% Tax on Line 3 (Enter the tax paid at each applicable rate.)

3.00% Tax

5.00% Tax

8.00% Tax



Basis of Claim: (Explain in detail and attach documentation)

Does basis of claim originate from request for refund by customer? Yes No

Customer's Name:

Customer's Address:

Signature: _____ Date: _____
I certify that, to the best of my knowledge, this claim is accurate and complete.

Title: _____ Telephone: _____

For Departmental Use Only

3.00% Tax	5.00% Tax	8.00% Tax	Total Tax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refund Approved: As Filed As Corrected

By: _____ Date: _____