

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"

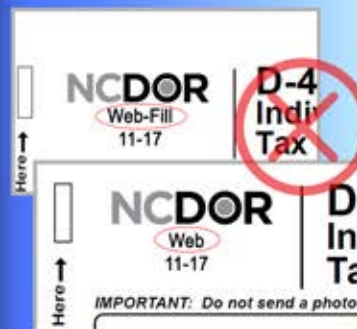


Do not print on both sides of the paper



Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



E-588 Business Claim for Refund State, County and Transit Sales and Use Taxes

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)

1. Name of Taxing County
(If more than one county, attach Form E-536R)

State Tax

Food, County & Transit

2. Amount of Tax Paid

3. Corrected Tax

4. Amount of Refund Requested (Line 2 Minus Line 3. Food, County & Transit tax must be identified by rate on Line 6.)

5. Total Refund Requested \$
(Add State and Food, County & Transit tax on Line 4.)

6. Allocation of Food, County & Transit Tax on Line 4 (Enter the food, county & transit tax paid at each applicable rate. If you paid more than one county's tax, see instructions and attach Form E-536R)

Food 2.00% Tax	County 2.00% Tax	County 2.25% Tax	Transit 0.50% Tax <i>Durham, Mecklenburg, Orange, Wake</i>
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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

Food Tax	County 2.00% Tax	County 2.25% Tax	Transit Tax
Refund Approved: <input type="radio"/> As Filed <input type="radio"/> As Corrected	State Tax	Total Tax	

By: _____ Date: _____