Do Not Include This Page

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

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

Do not use brackets for negative numbers. Use a minus sign to show the amount is negative.

Printing

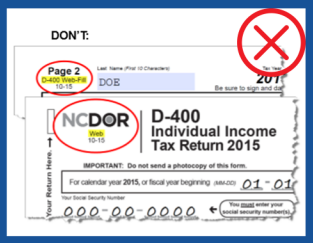
Use the print icon on the form to ensure you have completed all required fields.

Do not select “print on both sides of the paper.”

Set the page scaling to “none.” The Auto-Rotate and Center checkbox should be unchecked.

Before Sending...

Do not mix form types



Do not submit photocopies of returns. Submit original returns only.

NCDOR
Web-Fill
7-26

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

PRINT CLEAR

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

Street Address

City **State** **Zip Code** **County**

Name of Contact Person **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
(Enter name of taxing county. If more than one county, leave blank and attach Form E-536R.)

	State Tax	Local
2. Amount of Tax Paid		
3. Corrected Tax		
4. Amount of Refund Requested *(Line 2 Minus Line 3. Local tax must be identified by rate on Line 6.)*		
5. Total Refund Requested *(Add State and Local tax on Line 4.)*	$	

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

6a. Food 2.00% Tax **6b. County 2.00% Tax** **6c. County 2.25% Tax**

▶

6d. Transit 0.50% Tax
Durham, Mecklenburg, Orange, Wake

6e. Additional 1.00% County Tax
Mecklenburg

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

Does basis of claim originate from request for refund by customer? ○ **Yes** ○ **No** *(If yes, you must attach documentation showing the customer received a credit or refund.)*

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:** _____

DOR Use Only

Food 2% Tax	County 2% Tax	County 2.25% Tax	Transit .50% Tax
Approved: ○ As Filed ○ As Corrected	**Additional 1% Tax**	**State Tax**	**Total Tax**

MAIL TO: NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0001