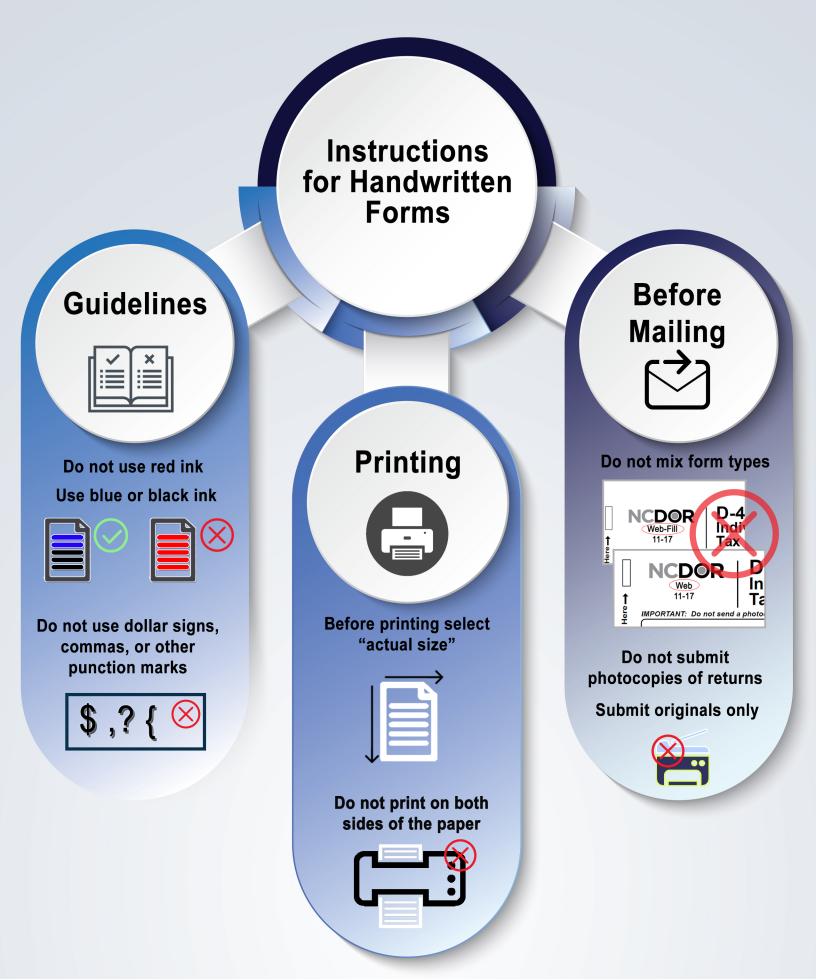
DO NOT MAIL THIS PAGE

• NCDOR





As Corrected

By:

Entity's Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND	ADDRESS)		FEIN or SSN
Trade Name		·····	
			Account ID
Street Address			
City	State Zip Code		Period Beginning (MM-DD-YY)
Name of Person We Should Contact if We Have Questions About This Claim	Contact Telephone		
	()		Period Ending (MM-DD-YY)
Location of Records in Support of Claim (If Different from Above)	Date of P	ayment	
1. Amount of 911 Service Charge Paid			
		<u> </u>	, ,
2. Corrected 911 Service Charge		L	, ,
3. Amount of Refund Requested (Line 1 Minus Line 2)		\$	
		▼ <u> </u>	
Basis of Claim: (Explain in detail and attach documentatio	n)		
Signature: I certify that, to the best of my knowledge, this claim is accurate and	d complete.	Date:	
		.	
Title:			
MAIL TO: NC Department of Revenue	e, P.O. Box 25000, Ral	eigh, NC 27640-000	1
-	mental Use Only		
Refund Approved:		F	Refund Amount
As Filed			

Date:

General Instructions

- Use blue or black ink to complete this form.
- This form is for use by sellers who have overpaid 911 service charge on prepaid wireless telecommunications service.
- This form may not be used to request overpayment of sales and use taxes. Form E-588, Business Claim for Refund State, County, and Transit Sales and Use Taxes, must be completed and filed with the Department to request an overpayment of sales and use taxes.
- This form may not be used as a substitute for filing an original Form E-500L, 911 Service Charge Prepaid Wireless Telecommunications Return.
- In general, the statute of limitations for obtaining a refund of an overpayment is the later of three years after the due date of the return or two years after payment of the tax. For a claim for refund filed within the statute of limitations, the Department must take one of the following actions within six months after the date the claim for refund is filed: (1) send the taxpayer a refund of the amount shown due on the claim for refund; (2) adjust the amount of the refund shown due and send the taxpayer a refund of the adjusted amount; (3) deny the refund and send the taxpayer a notice of proposed denial; or (4) request additional information from the taxpayer. If the Department does not take one of the proposed action by filing a Form NC-242, Objection and Request for Departmental review within the time provided in N.C. Gen. Stat. § 105-241.11. If the Department selects a claim for refund for examination, the taxpayer has the same rights that the taxpayer would have during an examination of a return by the Department. If the Department determines that a claim for refund was not filed within the statute of limitations, the refund request will be denied and the Department will issue a notice of proposed denial of refund.

For a full explanation of the Departmental review process, refer to the North Carolina Taxpayers' Bill of Rights found at <u>www.ncdor.gov</u> or the provisions of N.C. Gen. Stat. § 105-241.11.

If you have questions about how to complete this form, call the Taxpayer Assistance and Collection Center toll-free at telephone number 1-877-252-3052.

Line by Line Instructions

- Line 1 Enter the total 911 service charge on prepaid wireless telecommunications service paid to the Department for the period.
- Line 2 Enter the correct amount of 911 service charge on prepaid wireless telecommunications service due for the period.
- Line 3 Subtract the amount of 911 service charge on prepaid wireless telecommunications service on Line 2 from Line 1 and enter the difference. This is the total amount of refund requested.