

Nonprofit and Governmental Entity Claim for Refund State, County, and Transit Sales and Use Taxes

North Carolina Department of Revenue

Complete all of the information in this section.

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)				Account ID	
Mailing Address				Federal Employer ID Number	
City	State	Zip Code	County	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)
Fill in the circle that describes your organization. <input type="radio"/> Nonprofit entity as defined in G.S. 105-164.14(b) (Semiannually) <input type="radio"/> Governmental entity as defined in G.S. 105-164.14(c) (Annually)				National Taxonomy of Exempt Entities Number	
				▶ (Nonprofit Entity Only)	

1. Name of Taxing County

(If more than one county, see instructions on reverse and attach Form E-536R.)

- 2. Total Purchases of Tangible Personal Property and Services for Use on Which North Carolina State or Food, County & Transit Sales or Use Tax Has Been Paid Directly to Retailers** (Do not include tax paid, purchases for resale, or items described in box below.)

State

Food, County & Transit

Tax paid on any of the following items are nonrefundable:

Electricity, piped natural gas, telecommunications and ancillary services, video programming, prepaid meal plans; the purchase, lease, or rental of motor vehicles; local occupancy or local prepared food and beverage taxes; scrap tire disposal or white goods disposal taxes; reimbursements for travel expenses; alcoholic beverages; digital property

- 3. Amount of Sales and Use Tax Paid Directly to Retailers on Purchases for Use**
- 4. Amount of Sales and Use Tax Paid Indirectly on Building Materials and Supplies as Shown on Contractors' Statements**
- 5. Amount of Use Tax Paid Directly to the Department of Revenue by the entity** (Do not include tax collected and remitted on sales made by the entity.)
- 6. Total Tax** (Add Lines 3, 4, and 5. Food, County & Transit tax must be identified by rate on Line 8.) (For nonprofit entity only; annual cap applies, see General Instructions.)
- 7. Total Refund Requested** (Add State and Food, County & Transit tax on Line 6.)
- 8. Allocation of Food, County & Transit Tax on Line 6** (Enter the food, county & transit tax paid at each applicable rate. If you paid more than one county's tax, see the instructions on reverse and attach Form E-536R.)

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▶ 	▶
▶ 	▶
▶ 	▶
\$ 	

Food 2.00% Tax

County 2.00% Tax

County 2.25% Tax

Transit 0.50% Tax
Durham, Mecklenburg, Orange

▶ 			
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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
		State Tax	Total Tax

Refund Approved: ☐ As Filed ☐ As Corrected

By: _____ **Date:** _____