

Tax Refund Application for Businesses

Business Information

Business Name:

Tax Identification Number (TIN):

Business Address:

Contact Person:

Contact Number / Email:

Tax Period for Refund

From:

To:

Refund Details

Description	Tax Type	Amount Paid	Amount to be Refunded

Total Amount to be Refunded:

Reason for Refund Application

Supporting Documents Attached

- Copy of Original Tax Payment Receipts
- Tax Return Forms
- Bank Statements (if applicable)
- Other Relevant Documents

Declaration

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Authorized Representative's Name:

Signature:

Date:

Important Notes:

- Ensure all required documents are attached for smoother processing.
- Incomplete applications may result in delays or rejection.
- Applications must be submitted within the stipulated period as prescribed by tax authorities.
- Retain a copy of this application and all supporting documents for your records.