



Construction Contract Claim for Refund

NAME OF governmental unit, private nonprofit educational institution, nonprofit museum, business in economic development area, rural water district, or Habitat for Humanity	
CURRENT MAILING ADDRESS	FEIN
ADDRESS 2	
CITY, STATE, ZIP	COUNTY NO.

1. Description of project: _____
2. Final settlement date of contract: _____ Claim must be filed within one year of final settlement.
3. Was contract in writing? _____ If so, date signed: _____ Contract must be in writing to be eligible for a refund.
4. Have you previously filed a claim for this project? _____
5. Are you claiming a refund for which you received a tax credit certificate? _____ If yes, a copy of the tax credit certificate must be included with this claim for refund.

Items 1 – 5 and the local option tax summary on the reverse side must be completed before your claim can be processed.

LIST CONTRACTORS AND SUBCONTRACTORS ONLY. ATTACH ADDITIONAL SHEETS IF NEEDED.

NAME OF CONTRACTOR/ SUBCONTRACTOR	MATERIAL PURCHASES AMOUNT	TAX TO BE REFUNDED	
		Iowa Sales/Use	Local Option
SUBTOTALS			
TOTAL REFUND DUE: Add Iowa sales/use tax and local option tax columns.			

I, the undersigned, declare under penalty of perjury that I have examined this claim, including all attached contractors statements, and, to the best of my knowledge and belief, it is a true, correct, and complete claim. This claim is filed pursuant to section 423.4 Code of Iowa.

Signature: _____ Print Name: _____
 Title: _____ Daytime Telephone Number: _____ Date: _____

SUBMIT COMPLETED FORM WITH ORIGINAL CONTRACTOR'S STATEMENTS TO:
 TAX MANAGEMENT DIVISION
 IOWA DEPARTMENT OF REVENUE
 PO BOX 10465
 DES MOINES IA 50306-0465