Form (Rev. February 2008)

Department of the Treasury Internal Revenue Service

Claim for Refund and Request for Abatement

OMB No. 1545-0024

► See separate instructions.

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes) shown on line 3,
- (b) an abatement of employment or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

(a) an overpayment of income taxes (use the appropriate amended income tax return),

	fund of excise taxes based on the nontaxa overpayment of excise taxes reported on F						
Name(s)		<u> </u>	<u> </u>		Your socia	al security	number
Address (num	per, street, and room or suite no.)				Spouse's	social sec	curity number
City or town,	state, and ZIP code				Employer	identificat	tion number (EIN)
Name and a	ddress shown on return if different from ab	ove			Daytime to	elephone	number
1 Period From	Prepare a separate Form 843 for each tax	period /	/		2 Amou \$	nt to be r	refunded or abated
	f tax. Indicate the type of tax to be refunded bloyment Estate Gift		which the inter	-	alty, or ad		tax is related. ome
	f penalty. If the claim or request involves a d (see instructions). IRC section:			enue Co	ode sectio	n on whi	ch the penalty
abatem	t, penalties, and additions to tax. Check ent. (If none apply, go to line 6.) rest was assessed as a result of IRS errors enalty or addition to tax was the result of esonable cause or other reason allowed undessing a penalty or addition to tax. of payment	or delays. erroneous writte	n advice from th	ne IRS.	•		
6 Origina 706		<u> </u>		943	dition to ta	x relates	
	ation. Explain why you believe this claim or 2. If you need more space, attach addition		be allowed and s	show the	e computa	tion of the	e amount shown
-	you are filing Form 843 to request a refund or a y corporations must be signed by a corporate o	_	-	-	-		ust sign the claim.
	of perjury, I declare that I have examined this claim, in correct, and complete. Declaration of preparer (other the						
Signature (Title,	if applicable. Claims by corporations must be signed b	y an officer.)				Date	
Signature (spou	se, if joint return)					Date	
Paid Preparer's	Preparer's signature		Date	Check self-er	if mployed	Preparer	's SSN or PTIN
Use Only	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.	()
For Privacy A	ct and Paperwork Reduction Act Notice, see s	eparate instruct	i ons. C	at. No. 10	180R	Form	843 (Rev. 02-2008)