Form **843**

(Rev. January 1994)

Department of the Treasury
Internal Revenue Service

Claim for Refund and Request for Abatement

OMB No. 1545-0024 Expires 1-31-97

► See separate instructions.

Use Form 843 only if your claim involves one of the taxes shown on line 3a or a refund or abatement of interest, penalties, or

aa	lditions to tax on line 4a.			
	ote: Do not use Form 843 if your claim is for—			
	An overpayment of income taxes;			
	A refund of fuel taxes; or			
	An overpayment of excise taxes reported on Form 720, 730, or 2290.			
≝	Name of claimant	Your	social security number	
ם				
0	Address (number, street, and room or suite no.)	Spous	se's social security number	
퉑				
Please type or print	City or town, state, and ZIP code	Emplo	yer identification number	
	Name and address shown on return if different from above	Daytin	ne telephone number	
		,		
		()	
1	Period—prepare a separate Form 843 for each tax period	2 Ar	mount to be refunded or abated	
•	From , 19 , to , 19	\$	flourit to be refunded of abated	
_				
3	a Type of tax, penalty, or addition to tax:			
☐ Employment ☐ Estate ☐ Gift ☐ Excise (other than excise taxes reported on Form 720, 730, or 2290)				
	☐ Penalty IRC section ►			
b Type of return filed (see instructions):				
	\square 706 \square 709 \square 940 \square 941 \square 990-PF \square 4720 \square Oth	her (specify)		
4a Request for abatement or refund of:				
Interest caused by IRS errors and delays (under Rev. Proc. 87-42—see instructions).				
☐ A penalty or addition to tax as a result of erroneous advice from the IRS.				
	b Dates of payment ▶			
	b bates of payment P			
5 Explanations and additional claims. Explain why you believe this claim should be allowed, and show computation of			nd show computation of tax	
refund or abatement of interest, penalty, or addition to tax.				
	Totalia of abatomont of interest, portatly, or addition to tax.			
c:	marking If you are filling Forms 042 to request a refund or abotement relating to a lain	at wat la ath		
	gnature. If you are filing Form 843 to request a refund or abatement relating to a join			
	on the claim. Claims filed by corporations must be signed by a corporate officer authors are a signed by the afficient title	orizea to sign	i, and the signature must be	
	companied by the officer's title.			
Un	der penalties of perjury, I declare that I have examined this claim, including accompanying schedules and state	tements,	Director's Stamp	
ano	d, to the best of my knowledge and belief, it is true, correct, and complete.		(Date received)	
Sig	nature (Title, if applicable. Claims by corporations must be signed by an officer.) Date			
Sin	nature Date			
	, Date			