



DIVISION OF REVENUE AND TAXATION  
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



## APPLICATION FOR REFUND OF TAXES

Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_

1. Type of Tax  Business Gross Revenue  Others (specify): \_\_\_\_\_

2. Period Covered From: \_\_\_\_\_ To: \_\_\_\_\_

4. State Briefly, Reason for Refund Request: \_\_\_\_\_

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4. Taxable Revenue for Period Claimed \$ \_\_\_\_\_

5. Total Amount of Taxes Paid for Period Claimed \$ \_\_\_\_\_

6. Total Tax Due for Period Claimed \$ \_\_\_\_\_

7. Amount of Refund Claimed \$ \_\_\_\_\_

**Declaration: Under the penalties of perjury, I declare that the above is, to the best of my knowledge and belief, true and correct.**

\_\_\_\_\_  
(Signature) Title Date

In order to expedite the review and verification of your application, it is required that you submit and document any information that would substantiate your claim for refund.

### INSTRUCTIONS

- Line 1 - Mark the proper block to indicate the type of tax for which you are claiming refund.
- Line 2 - State the period for which you are claiming a refund.
- Line 3 - State briefly the facts why you feel that you are entitled to this refund.
- Line 4 - Enter the total amount of taxable revenue during the period for which you are requesting a refund.
- Line 5 - Enter the total amount of taxes paid for the period claimed.
- Line 6 - Enter the total tax due for the period you are requesting for refund.
- Line 7 - Enter the total amount of the claim you are requesting for refund.

NOTE: The original and one copy of this return must be submitted to the Director, Division of Revenue and Taxation, Central Office, DanDan, Saipan, MP 96950. The Director will inform the applicant of the decision on this application within 90 days from the date of submission.

		FOR OFFICIAL USE ONLY		
Refund Claimed	\$	Reviewed By		(Date Stamp Received)
Adjustment	\$	Date		
Refund Approved	\$	Certified & Approved By		
<input type="checkbox"/> Refund Rejected		Director, Revenue and Taxation		
Reason:		Date		