Form
GA-110L
State Form 154
R2 / 8-08

Indiana Department of Revenue
Claim for Refund

Mail to: 100 N Senate Ave. Rm N203 MS#105
Indianapolis, IN 46204-2253

Name of Taxpayer			Taxpayer Identification Number:
Address:			Federal Identification Number:
City:	State:	Zip:	Social Security Number:

Check Tax Type

☐Cigarette	☐Financial Institutions	☐IFTA	☐Oil Inspection	☐Underground Storage
☐Corporation	☐Food & Beverage	☐Individual	☐Overersize/Overweight	☐Withholding
☐County Innkeepers	☐Gaming Excise	☐IRP	☐Prepaid Sales on Gasoline	☐Other _____
☐Fiduciary	☐Gasoline	☐Motor Carrier	☐Sales & Use	
	☐Hazardous Chemical	☐MVR-Excise	☐Special Fuel	

A complete explanation is required as to why the refund is due. Attach ALL documentary evidence to support your claim. Failure to attach all documentation with the claim will result in the claim being returned or denied. Please allow 45 days for processing before contacting the Department regarding the status of your claim. A Power of Attorney (POA-1) form must be completed and attached authorizing the Department to discuss your claim and specific tax type with anyone other than the taxpayer.

Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)	Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)
		Total Requested Refund Amount		$	

I hereby certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. I further understand that this refund may be applied to any liability which I currently have outstanding. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. (If you are claiming a refund for a year in which a joint return was filed, each spouse must sign this refund claim.)

_____ _____ _____
Signature Printed Name Title

_____ _____
Daytime Phone Number Date

▼ THE SPACE BELOW IS FOR DEPARTMENT USE ONLY ▼

Year	B & I Number of Return or Liability Number	Amount Paid	Interest Paid From:	Interest Paid To:	Interest	Total Refunded
					Total Amount of Refund	

_____ _____ _____
Auditor/Tax Analyst Originating Refund Date Account Number

_____ _____ **Claim Number:**
Supervisor/Administrator Date

_____ _____
Commissioner/Appointee Date