Form 843					
(Rev. January 1997)					
Department of the Treasury Internal Revenue Service					

	See	separate	instructions.
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Use Form 843 only if your claim involves (a) one of the taxes shown on line 3a or (b) a refund or abatement of interest, penalties, or additions to tax on line 4a.

Do not use Form 843 if your claim is for-

• An overpayment of income taxes;

• A refund of fuel taxes;

• An overpayment of excise taxes reported on Form 720, 730, or 2290 (see General Instructions).

r print	Name of claimant	Your social security number
type or	Address (number, street, and room or suite no.)	Spouse's social security number
Please	City or town, state, and ZIP code	Employer identification number
	Name and address shown on return if different from above	Daytime telephone number
1	Period—prepare a separate Form 843 for each tax period	2 Amount to be refunded or abated
	From , 19 , to , 19	\$
	 a Type of tax, penalty, or addition to tax: □ Employment □ Estate □ Gift □ Excise (unless reported on Form 720, 1 □ Penalty—IRC section ▶ b Type of return filed (see instructions): 	730, or 2290—see instructions.)
		720 Other (specify)
4	 a Request for abatement or refund of: □ Interest caused by IRS errors or delays (if applicable—see instructions). □ A penalty or addition to tax as a result of erroneous advice from the IRS. 	

b Dates of payment ►

5 Explanation and additional claims. Explain why you believe this claim should be allowed, and show computation of tax refund or abatement of interest, penalty, or addition to tax.

Signature. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the signature must be accompanied by the officer's title.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my I	nowledge and
belief, it is true, correct, and complete.	

For Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 10180R	Form 843 (Rev. 1-97)
Signature		Date
Signature (Title, if applicable. Claims by corporations must be signed by an officer.)	Date	