

INTERSTATE SALES RETURN FORM

Out-of-State Transaction Adjustment & Tax Reconciliation Document

Return Date:

Original Invoice No:

Original Invoice Date:

Origin State (Seller):

Destination State:

Tax Nexus ID:

CUSTOMER INFORMATION (OUT-OF-STATE PURCHASER)

Business/Customer Name:

Contact Person:

Phone Number:

Shipping Address:

City, State, Zip:

Out-of-State Tax ID/Exempt No:

RETURNED ITEMS DETAILS

Product / SKU No.	Item Description	Qty Returned	Unit Price	Total Amount	Reason Code

Return Reason Key: A - Damaged, B - Wrong Item, C - Tax Exemption Dispute, D - Other

Subtotal:

Out-of-State Tax (Rate: ____ %):

Restocking/Shipping Fee:

Total Refund Amount:

METHOD OF CREDIT / REFUND

- Original Payment Card (Credit/Debit)
- Store Credit / Account Credit
- Check Refund (Out-of-State Mailing)
- Wire/ACH Transfer

Customer / Authorized Representative Signature

Date: _____

Authorized Company Officer Approval

Date: _____

Notice for Out-of-State Sales Adjustments: This return documentation is required to reconcile interstate sales tax accounts and destination-based sourcing audits. Please ensure any applicable exemption certificates are attached if the refund involves a correction of tax-exempt status.