INTRASTATE RETURN PROCESSING FORM

Merchant Copy / Sales Tax Records

MERCHANT & JURISDICTION INFORMATION

Merchant Name:

Store/Location ID:

State of Registration:

State Tax ID / Permit No:

ORIGINAL SALE DETAILS

Original Invoice/Receipt No:

Original Sale Date:

Return Processing Date:

Original Sales Representative:

Point of Sale (City/County):

Customer Name:

RETURNED ITEMS & INTRASTATE TAX CALCULATION

Item / SKU No.	Description	Qty	Unit Price	Intrastate Tax Rate (%)	Tax Amount Refunded

Subtotal:

Total State Tax:

Total Local Tax:

Total Refunded:

Reason for Return:

☐ Defective
☐ Incorrect Item
☐ Buyer's Remorse
☐ Other (Specify below)

Refund Method:

☐ Cash
☐ Credit / Debit
☐ Store Credit
☐ Original Account Adjustment

Processing Notes & Comments:

Customer Signature

Date:

Authorized Merchant Representative Signature

Date: