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843

Claim for Refund and Request for Abatement

OMB No. 1125-0024

Form 843 (Rev. August 2011)

Government of the Treasury
Internal Revenue Service

Use Form 843 if your claim or request involves:

- (a) a refund of one or more taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3;
- (b) an adjustment of FUTA tax or certain motor taxes; or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 8a.

The next two Form 843s if your claim or request involves:

- (d) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (see the appropriate instructions for return);
- (e) a refund of income taxes based on the overpayment of or tax paid on behalf of others; or
- (f) an overpayment of excess taxes reflected on Form(s) 11-Q, 730, 730, or 2099.

Name	Your social security number your SSN
Your name as it appears on your W-2 form	
Address (number, street, and room or suite no.)	Reseller's account number
Your local street address for the IRS	
City or Town, State, and ZIP Code	Wholesaler identification number (WIN) Sec. 81 - 100
Your local city, state and ZIP code in the city	
Name and address shown on your 2 different form above	Daytime telephone number
If your name and address on your tax return is different, put it here. Otherwise, leave this area blank	Area number

1 Period. Prepare a separate Form 843 for each tax period or tax year.

From to

2 Type of tax or fee. Indicate the type of tax or fee to be refunded or abated or to which the interest, penalty, or addition to tax is related.

Employment Gasoline Self Excise Income Fee

4 Type of penalty. If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is based plus indicating (R) or (S).

5 Reasons, penalties, and additions to tax. Check the box that indicates your reason for the request for refund or abatement. If none apply, go to line 6.

Interest was received as a result of IRS action or delay.

A penalty or addition to tax was the result of erroneous written advice from the IRS.

Resolution issued or other action taken under the law after their erroneous written advice can be shown for not assessing a penalty or addition to tax.

6 Details of payment(s) ►

6 Original return. Indicate the type of tax or return, if any, filed to which the tax, interest, penalty, or addition to tax relates.

1040 2009 940 841 9410 649
 941-SC 1040-E 1120 4120 Other

7 Explanation. Explain why you believe this claim or request should be honored and show the computation of the amount shown on line 2. If you need more space, attach additional sheets.

EXAMPLE: I am an Non-resident tax filer. I have been here less than 10 calendar years and am in CP-1 or CP-2 listed status. I worked with JC Penney working in a single customer station at a company and never had health care insurance. My wife had Social Security taxes in the amount of \$1,000 and filed her tax in the part of tax as. According to IRS Pub. 54, I am not subject to Social Security and Medicare taxes. I have attached a letter from the company stating that they would not refund the taxes to me. I have attached my nonstatus and work documentation to prove my eligibility to work in the United States. I have a letter dated 01/01/11.

Signatures. 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 officer's title must be shown.

Under penalties of perjury, I declare that I have furnished my claim, including accompanying evidence and documents, to the best of my knowledge and belief, is true, accurate, and complete. The return or payment form that prompted or caused me to file this claim or request has any omissions.

Signature (This, or opposite claim by co-signer) must be signed by all persons

Date _____

Signatures of spouses, jointly named

Date _____

Paid Preparer Use Only	Non-preparer's name	Preparer's signature	Date	<input type="checkbox"/> I certify that I have not been paid or otherwise compensated for preparing this return	SSN
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I certify that I have not been paid or otherwise compensated for preparing this return	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I certify that I have not been paid or otherwise compensated for preparing this return	<input type="text"/>

For Privacy Act and Paperwork Reduction Act Notice, see reverse instructions.

Cat. No. 12180B

Form 843 (Rev. 8-2011)

A. Way of Birth: conditions and/or care received	
DELIVERY	
<input type="checkbox"/>	Normal vaginal birth
<input type="checkbox"/>	Forceps delivery
<input type="checkbox"/>	Vaginal birth after cesarean
<input type="checkbox"/>	Caesarean birth
<input type="checkbox"/>	Water birth
<input type="checkbox"/>	Home birth
<input type="checkbox"/>	Other (specify)
LABOUR AND DELIVERY	
<input type="checkbox"/>	Normal labour
<input type="checkbox"/>	Induced labour
<input type="checkbox"/>	Assisted labour
<input type="checkbox"/>	Emergency caesarean birth
<input type="checkbox"/>	Other (specify)
COMPLICATIONS	
<input type="checkbox"/>	Normal birth
<input type="checkbox"/>	Complicated birth
<input type="checkbox"/>	Emergency caesarean birth
<input type="checkbox"/>	Other (specify)
COMPLICATIONS	
<input type="checkbox"/>	No complications
<input type="checkbox"/>	Minor complications
<input type="checkbox"/>	Major complications

— 10 —

sales orders

Customer name is the only required field when saving a sales order; create only one customer called "Retail Customer" for fast and easy checkout.

Add products to your sales order by clicking into the item column and scanning your barcode, or begin typing the first few characters in the Item name and clicking to add to the order.

Use the search box to help you find a particular product by description, category, custom fields and more.

Ref	Description	Category	Current Stock	Date
1001	Ref Name Car Stereo Model No:	Vehicle Parts	100.00	2023-01-01
1002	Ref Name CD Player	Electrical	100.00	2023-01-01



ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

INSTRUCTIONS
 1. Counsel and self-represented parties seeking to have a case referred to the Land Use Litigation Docket of Hartford must supply all of the information requested below. Without complete and accurate information, this case may not be referred.
 2. Information requested on this form should be attached on a separate sheet, numbered to correspond to the questions on the form.
 3. File with the Clerk in the judicial district in which the case is pending.
 4. For all parties required to e-file, this Application for Case Referral must be e-filed and the filer must select "Land Use Litigation Application" when naming the form in e-filing.

Docket number _____

Case name (Plaintiff v. Defendant)	Type of land use matter	Affordable Housing Appeals
	<input type="checkbox"/> Planning/Zoning	<input type="checkbox"/> Environmental Enforcement
		<input type="checkbox"/> Islands/Wetlands
		<input type="checkbox"/> Miscellaneous Land Use Litigation

1. Status of litigation:

- a. Administrative appeal:

<input type="checkbox"/> Briefs filed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Record filed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- b. Miscellaneous land use litigation/environmental enforcement:

<input type="checkbox"/> Pleadings:	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
<input type="checkbox"/> Discovery complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c. Trial date assigned: Yes No

If yes, when is the trial? _____ Estimated length of trial: _____

2. Reasons why this case should be referred to the Land Use Litigation Docket:

3. List any related cases:

4. Do the parties or attorneys consent to the transfer to the Land Use Litigation Docket? Yes No Do not know

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to:

If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.		
Signed (Signature of filer)	Print or type name of person signing	Date signed
► Mailing address (Number, street, town, state and zip code)		
Telephone number		

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