

**Contractors Supplemental Schedule for Refunds**

Contractor's Name and Fed. ID number or SSN				General Contractor's contract number				Department's contract reference number		
Vendor's Name	Invoice Number	Invoice Date	Invoice Amount Excluding Tax	State Tax Paid @ 7%	State Tax Due @ 6% (per contract)	Local Tax Paid	Tax Paid on items that qualify for Single Article		Refund Requested (per invoice)	Describe Material Purchased
							Local (first \$1,600)	2.75% State (\$1,601- \$3,200)		
							TOTAL REFUND REQUESTED :		\$	

Each entry must be supported by an invoice or proper documentation and the same must be available to the Tennessee Department of Revenue upon request. This schedule supplements the Claim for Refund on contracts entered into prior to 07/15/2002 and subcontractor's contracts entered into prior to 09/01/2002. Refund applicant may reproduce this form as needed.