

# CST-AF2

## Claim for Refund or Credit of Tax Paid to the State Tax Department

West Virginia  
State Tax  
Department

Rev. 3/16

This form is used to claim a refund or credit of a Sales & Use Tax overpayment that was paid to the State Tax Department; or when amending a return for periods ending prior to July 1, 2016. Do not use this form to request a refund of sales tax paid to vendors/resellers on purchases made.

If any part of the required information is not provided, the claim will be rejected.

Sales & Use Account #		FEIN/SSN	
Taxpayer Name		Phone	
First Line of Mailing Address			
Second Line of Mailing Address			
City	State	Zip	

Preparer Name		Phone	
First Line of Mailing Address			
Second Line of Mailing Address			
City	State	Zip	

Taxable period covered by this claim: FROM	MM	DD	YYYY	TO	MM	DD	YYYY
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### ENTER AMOUNTS HERE

A) Duplicate tax payment sent with a return.....	\$
B) Overpayment of Sales Tax (Schedule S required if amending return)....	\$
C) Overpayment of Use Tax (Schedule U required if amending return).....	\$
D) <b>Refund</b> Amount.....	\$
E) <b>Credit</b> Amount.....	\$

For Credit Transfers to a Tax Account or Period	Account #	Filing Period to Apply Credit

State the basis for claiming refund or credit:

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#### Supporting Attachments

<input type="checkbox"/> Schedule S Attached	<input type="checkbox"/> Electronic Spreadsheet Attached	<input type="checkbox"/> Power of Attorney Attached
<input type="checkbox"/> Schedule U Attached	<input type="checkbox"/> Copies of Invoices Attached	<input type="checkbox"/> Bad Debt Worksheet Attached

Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, complete, and correct; and certify that no information has been omitted; and certify that all of the tax for which this claim is filed has been paid; and certify that no portion has been previously credited or refunded to the applicant by any vendor required to collect tax; and certify that no amount claimed has previously been subject to a credit or refund.

Signature of Taxpayer	Name of Taxpayer – Type or Print	Title	Date
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Signature of Preparer other than Taxpayer	Name of Preparer – Type or Print	Date
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