P.O. Box 17087 Denver CO 80217-0087 (303) 238-SERV (7378)

Instructions and Documentation Requirements for Claim for Refund of Tax Paid to Vendors DR 0137B

(Do not use for income tax or severance refunds)

- For Sellers/Retailers, Consumer Use, Local Marketing, County Lodging and Withholding use Form DR 0137. For Rural Broadband, use Form DR 0137C.
- Failure to complete the required form(s) and submit all supporting documentation may cause the amount of the refund to be reduced or denied.

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GENERAL INFORMATION:

A purchaser's/buyer's claim for refund is submitted by a buyer when sales or use tax was collected in error by the vendor and remitted to the Colorado Department of Revenue. Before submitting a claim for refund to the department, first request a refund from the store or vendor from which you purchased the product or service.

If you are unable to obtain the refund from the store or vendor, submit this form along with the required documentation. In addition, include the explanation from the vendor indicating the reason the refund was not granted.

INSTRUCTIONS FOR FORM:

Do not combine sales and use tax refunds on the same claim; file a separate claim for each tax account type.

Type of Exemption

Claims should be submitted by exemption type, if there are multiple purchases that are being submitted for different exemptions. For example, Taxpayer ABC has paid tax in error to vendor 1 for non-taxable services and tax in error to vendor 2 for exempt machinery. Two claims should be submitted. One claim for non-taxable services and one for exempt machinery.

<u>Total Sales or Use Tax Paid During The Period Covered</u> Enter the TOTAL amount of sales or use tax paid to ALL vendors during the period covered.

The period covered includes the calendar month(s) of when the purchases were made.

For example, if you are requesting a refund for purchases made on July 1, July 21, August 9, and September 1, the period covered is the calendar months of July, August and September. You would add the total sales or use tax paid on ALL purchases between July 1 and September 30.

Reason

A brief description of why you are requesting the refund in the reason box on the form is required even if you are attaching a letter explaining the refund request in detail. An explanation with documentation from the vendor showing why a refund was not granted from them.

Mailing Address

The mailing address supplied on the claim for refund form will be used to mail correspondence and a refund check.

Note: Changes made to the mailing address using the Address Change or Business Closure Form (DR 1102) will not be applied to your refund claim. Make changes to the mailing address for your refund claim by doing one of the following*:

- Send a Web Message (preferred)
- Mail written notification

The message or correspondence should include:

- Subject Line- Address Change for Refund Claim
- Name of Business
- Colorado Account Number (CAN)
- · Date of your original submission
- Tax Type(s)
- · Amount of Claim
- Filing Periods
- Your Name
- Title
- Phone number
- Power of Attorney (POA) form DR 0145 (if you are a third party)

*We reserve the right to use the original mailing address if we cannot verify that changes should take place.

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REQUIRED DOCUMENTATION:

 A description of your business activity and the products/ service it provides. Keep all documentation supporting refund claims at the location of your business records.

2. Power of Attorney (POA)

 If you are submitting this claim for a third party, you must include a Power of Attorney (DR 0145). Please refer to the form DR 0145 to ensure the correction designation is selected as it may impact related correspondence to your refund claim.

Note: TIA must submit a written request to receive tax information.

3. Invoices or Purchase Orders

If your claim contains under 100 invoices, submit copies of all invoices for review.

If your claim contains 100 or more invoices, submit at least 25% for review which should include the following:

- The majority of the larger dollar amounts requested.
- Invoices for each vendor submitted in the claim.
- Select invoices from each filing period requested in the claim.
- Invoices from the vendor the items were purchased from should be submitted. Do not submit internal invoices. If your claim contains internal invoices, provide the purchase order.
- Bundled using paper clips or binder clips. Do not staple documents together.

Please note: The department may request additional invoices if it is deemed necessary.

4. Proof of Payment

- Sales Tax receipt from vendor. This should list the purchases, the sales tax charged, and record of the payment. (See Invoices or Purchase Orders section for the submittal requirement.)
- For purchases made using invoices or purchase orders provide a copy of canceled check (front and back) or if paid electronically the bank statement or EFT transaction details and confirmation.
- For businesses using an accumulator or batching large payments, provide the back up detail to the payment.

5. Overpayment Spreadsheet (Requirements)

You must complete and include the attached or similar spreadsheet in your claim. Some industries will require additional columns and information. Please review the Required Documentation and Industry Specific Refund claim sections of this form. To determine the tax rate on your invoice and for rates by jurisdiction, please review the form DR 1002 "Colorado Sales/Use Tax Rates".

Spreadsheets must be submitted in readable form (at least 10 point font or larger). Claims containing more than 20 invoices should be supplied in an electronic (Excel) format.

Note: To reduce errors and for faster processing, electronic spreadsheets are preferred (CD or USB).

The invoices that are included with the spreadsheet should be numbered and match the spreadsheet. A spreadsheet showing how the refund amount was calculated should be included with the following columns per invoice:

- · Store or vendor's name;
- FEIN or Colorado Account Number (CAN) of the vendor;
- Date of purchase;
- Invoice number:
- Sales price of item before tax;
- State sales/use tax paid, county sales/use tax paid, city sales/use tax paid, special district sales/use tax paid, etc. (separate column for each tax);
- Total of each tax refund requested by tax type;
- Indication of whether a copy of this invoice is enclosed;
- A brief description of the item or service purchases;
- Explanation of how the item or service is used;
- Explanation of how the item or service qualifies for the exemption claimed.
- Include well API information (oil and gas industry).
- (Similar to Indication of whether a copy of invoice is enclosed): Indication of whether a copy of proof of payment is enclosed.

6. Exemption Certificate

For out of state purchaser, provide a copy of the other state's Certificate of Exemption or copy of your 501(c)(3) determination letter.

If you are applying for a refund from multiple vendors or same vendor but multiple store locations, and exemption types (resale, machinery & machine tools, etc.), invoices and related information must be separated by vendor, location, and exemption type. Each vendor's data must be totaled separately.

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INDUSTRY SPECIFIC REFUND CLAIMS:

Note: A general reference to a statute, vendor, case, or references to the exemption type are not sufficient.

<u>In addition</u> to the documentation listed above, the following support should be included in your submission if you are claiming refunds for the following industries:

Affordable Housing (FYI Sales 95)

 Statement from housing authority detailing and certifying the housing authority's ownership interest in the project and the percentage of the project that is for occupancy by persons of low income.

Low-Emitting Heavy Vehicles (FYI Sales 91)

- Form DR 1369 Colorado State Sales and Use Tax Exemption for Low-Emitting Heavy Vehicles Affidavit with the documentation showing the vehicle's qualification (ex: Gross Motor Vehicle Weight Rating (GVWR).
- EPA certificate.
- A copy of the Purchase (Sales) Agreement or invoice.

Computer Software (Sales Tax Topics Computer Software)

- Proof that software was electronically delivered.
- A copy of the contact demonstrating the software was subject to negotiation.
- Support of demonstrating the software was customized.
- If purchases are for software service or maintenance, include a copy of the service agreement/contract.
- Purchases of license renewal would required support that the original software was electronically delivered.

Farm Equipment (Sales Tax Topic Agriculture)

- Form DR 0511 Affidavit for Colorado Sales Tax
 Exemption for Farm Equipment with the documentation showing proof of the farming operation expense and income.
- Include an explanation of how the item is being used.

Rural Broadband

Do not use this form. Please download Form DR 0137C.

Rural Jump-Start

• Evidence that your business qualifies for the Rural Jump-Start program and is endorsed by IHE.

Manufacturing (Sales Tax Topic Manufacturing)

Industrial Utility

- Include the utility statements for the refund period and copies of exemption certificates for exempt utility charges (i.e. DR 1666 with computations showing the exempt and nonexempt usage determined by square footage or actual energy consumption);
 - Exemptions calculated by exempt and nonexempt usage will need to include a complete list outlining each equipment using the energy under the meter being claimed with its' original install or placement date.

Machinery, Machine Tools, and Parts

- Copies of the DR 1191 or DR 1192;
- If request is for an entity inside of an enterprise zone; include a statement from the enterprise zone administrator.

Mining and Oil & Gas Services

• In addition to invoices, please provide field tickets or work orders for transactions claimed as exempt services. For example, mud services.

INTEREST:

If this refund qualifies for interest please provide the calculation and an explanation along with any support demonstrating how it qualifies.

Interest is due on sales and use tax refunds when the following conditions are met:

- The payment was made incident to a bona fide and orderly discharge of an actual liability and
- The refund is not issued within 90 days from the due date of the return, and
- The refund claim was made in a timely manner after discovery of the overpayment.

Resources for Interest

- Statute §39-21-110 and 39-21-110.5
- Regulation 39-21-110 and 39-21-110.5

Visit Tax.Colorado.gov website for additional resources.

DR 0137B (08/18/21)
COLORADO DEPARTMENT OF REVENUE

Business Tax Accounting P.O. Box 17087 Denver CO 80217-0087 (303) 238-SERV (7378)

Claim for Refund of Tax Paid to Vendors (Do not use for income tax refund) **Attention**

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Refund To Be Made Pa	ayable To, And Mailed T	ō:							
Taxpayer's Last Name or Bus		First Name			Middle Initial	SSN			
Taxpayer (DBA) or Attn:		-1				FEIN			
Mailing Address			City			State	ZIP		
Description of your business	activities and the products or s	ervices provid	ed. (If you are ar	n individual taxpaye	r and not a bus	l siness, list "ľ	Not Applicable")		
Claim Information:									
Store or Vendor Name									
Vendor's FEIN	Vendor's Sales Tax Account Nu	ımber Type	e of Tax		Date(s) of purchase(s) (MM/YY-MM/YY)				
Original Amount of Tax Paid	1	Correct Amo	unt		Refund Requested (Required)				
Type of Exemption			Total Sales of	d Covered (See instructions)					
☐ An explanation which ☐ A spreadsheet show ☐ Supporting documen Note: Missing docum	ncludes a completed DR 013 n outlines why the refund wa wing how your refund was tation to support the claim is nentation could result in a de les receipt, canceled checks	s not obtaine calculated i s included. Se enial of the cla	d from the ve s included. ee instruction aim	endor with suppose	-				
l <u> </u>	rs, a Power of Attorney form		•	included.					
I declare under penalty of and correct. I further und Department of Revenue in	f perjury in the second degr derstand that the claim and n auditing other taxes for thi nust be signed by an individual, office	ee that this of documentat ree years fro	claim including ion may be s m the date of	subject to the s payment of the	ame verific	ation pro	cess used by the		
Print Name of Signor Above									
Title			Date	Phone Number	Best	Days & Ti	mes to Reach You		
Signature of Preparer (if other	than taxpayer)			<u> </u>					
Print Name of Preparer (if you	are representative preparing this cla	aim on behalf of a	a third party, inclu	de a copy of the DR	0145 Power o	f Attorney.)			
Name of Firm			Date	Phone Number	Best	Days & Ti	mes to Reach You		

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DR 0137B Claim for Refund of Sales or Use Tax Overpayment Spreadsheet

(Electronic preferred - See instructions and documentation requirements.)

Taxpayer's	Name								Account Nu	mber/FEIN/SSN	I			
Store Name	e (Only one vendor p	er sheet)												
Store's Add	ress						City State ZIP						ZIP	
Store Numb	per (if available) Whe	ere Product Was	Purchase	d	-		<u> </u>							
Vendor's Sales Tax License or Account Number					Vendor's	FEIN (if kno	wn)	Type of Tax		Type of Exemption				
Date of Purchase	Invoice Number	Amount of Sale Pretax	State Sales/ Use Tax	County Sales/ Use Tax	City Sales/ Use Tax	Special District Sales/ Use Tax	Description of item or service		Explanation how item or service is used		How item or service qualifies for the exemption claimed.			
Total Tax		\$	\$	\$	\$	\$								