Reset

Print Form

STATE OF DELAWARE
Department of Finance
Division of Revenue
820 N. French Street
P.O. Box 2340
Wilmington, Delaware 19899-2340

CLAIM FOR REVISION
LICENSE TAX

FORM 1049L-9605

REV CODE _____ -42

THIS FORM TO BE USED TO AMEND
GROSS RECEIPTS/EXCISE OR LICENSE TAX RETURNS

1. Enter Account Number

2. Business Code Group Description _____

3. Business Name

4. Trade Name if Different from Above

5. Business Location Address

City State Zip Code

6. Mailing Address if Different

City State Zip Code

(A) TAX PERIOD ENDING	(B) GROSS RECEIPTS ORIGINALLY REPORTED	(C) GROSS RECEIPTS CORRECTED AMOUNT	(D) AMOUNT OF TAX PAID	(E) CORRECTED TAX AMOUNT	(F) REFUND OWED TAX OWED
01/31/					
02/28/					
03/31/					
04/30/					
05/31/					
06/30/					
07/31/					
08/31/					
09/30/					
10/31/					
11/30/					
12/31/					
Total					

7. TOTAL AMOUNT TO BE REFUNDED OR ADDITIONAL TAX OWED $_____

SIGNATURE TITLE DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

GENERAL INSTRUCTIONS
FORM 1049L-9605

You may use this form to amend more than one taxable period in a single calendar year.

You must provide a description of the error(s) made and provide documentation to substantiate the changes. If a sufficient explanation is not provided, and a refund is expected, your refund may be delayed until that information is provided.

Remit any additional tax owed with the filing of this return. Refunds of overpayments will be made within six to eight weeks. If you have any questions regarding refunds, contact the Business Audit Bureau at (302) 577-8268.

The Claimant believes that this claim should be allowed for the following reasons: (Attach an additional sheet if needed.)

SPECIFIC LINE INSTRUCTIONS

Line 1. Enter the account number (from the coupon booklet) for which the correction is being made.
Line 2. Enter the Business Code Group Description from your coupons.
Line 3. Enter the business name or individual name if a sole-proprietorship.
Line 4. Enter the trade name of your business if trading under a name other than your business name.
Line 5. Enter the location address of your business; be sure to include street, city, state and nine-digit zip code.
Line 6. Enter the mailing address of your business if different from the address on Line 5.

In Column A, **Tax Period Ending**, please enter the tax year ending. If amending more than one tax year, a separate Claim for Revision must be completed for each year.

In Column B, **Gross Receipts Originally Reported**, please enter the amount of gross receipts originally reported and paid for each tax period. Provide a breakdown for each month even if you filed your returns quarterly.

In Column C, **Gross Receipts Corrected Amount**, please enter the amended amount of gross receipts for each month.

In Column D, **Amount of Tax Paid,** please enter the amount of tax originally paid.

In Column E, **Corrected Tax Amount**, please recalculate your tax for each period and enter the correct tax amount owed.

In Column F, **Refund Owed/Tax Owed**, please enter the difference between the amount of tax originally paid and the tax owed. If the amount is a negative amount (additional tax owed), enclose the figure in brackets ( ). Please remit any amount owed with this return.

Total Columns B, C, D and E and enter the total from Column F on line 7.