



445 East Capitol Avenue
 Pierre, South Dakota 57501-3185
 Phone: 605-773-3311
 Fax: 605-773-5129

Business Tax

**SOUTH DAKOTA DEPARTMENT OF REVENUE AND REGULATION
 MINI-STORAGE REFUND REQUEST FORM**

Name _____
 DBA _____
 License number _____
 Address _____
 City St Zip _____

Period	Gross Receipts	Code	Rate	Tax Remitted
Beginning month _____ 2006 to December 31 2006	_____	State Tax	4%	_____
City Name _____	_____	_____	_____	_____
January 1 2007 to December 31 2007	_____	State Tax	4%	_____
City Name _____	_____	_____	_____	_____
January 1 2008 to December 31 2008	_____	State Tax	4%	_____
City Name _____	_____	_____	_____	_____
January 1 2009 to ending month _____ 2009	_____	State Tax	4%	_____
City Name _____	_____	_____	_____	_____
Total Tax Remitted				_____

I declare under the penalties of perjury this refund request form has been examined by me and to the best of my knowledge and belief is a true, correct and complete refund request form.

Name (please print) _____
Title

Signature _____
Date

Remember to include on this form any municipal tax remitted. The beginning period for the refund can be no earlier than 36 months from the date this form is mailed to the Department or Revenue.

Please return this form to:

**South Dakota Department of Revenue & Regulation
 Business Tax Division
 445 E Capitol Ave
 Pierre SD 57501**