Form **843**

(Rev. August 2011) Department of the Treasury Internal Revenue Service

Claim for Refund and Request for Abatement

► See separate instructions.

OMB No. 1545-0024

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

٠,	•		, , , , ,						
Name(s)						Your social security number			
BEVERLY JERDINE & CLAUDE REESE						376-62-8928			
Address (number, street, and room or suite no.)						Spouse's social security number			
16810 CARLISLE STREET						385-60-6363			
City or town, state, and ZIP code						Employer identification number (EIN)			
DETRO	OIT, MI 4	18205							
Name	and add	dress shown on return if different from abo	ove	1	Daytime te	lephone nu	mber		
					(313) 401-3401				
1	Period. Prepare a separate Form 843 for each tax period or fee year.				2 Amount to be refunded or abated:				
	From 01/01/2018 to 12/31/2018				\$ 1,248				
3	Type of tax or fee. Indicate the type of tax or fee to be refunded or abated or to which the interest, penalty, or addition to tax								
	is rela	<u></u>			_				
		mployment	☐ Gift ☐ Excise		✓ Incon		☐ Fee		
4	Type of penalty. If the claim or request involves a penalty, enter the Internal Revenue Code section on which the pe based (see instructions). IRC section: FAILURE TO FILE						ich the penalty is		
5a	Interest, penalties, and additions to tax. Check the box that indicates your reason for the request for refund or abatement. (If none apply, go to line 6.)								
	□ In	☐ Interest was assessed as a result of IRS errors or delays.							
		A penalty or addition to tax was the result of erroneous written advice from the IRS.							
		Reasonable cause or other reason allowed under the law (other than erroneous written advice) can be shown for not							
		assessing a penalty or addition to tax.							
b	Date(s) of payment(s) >							
	`								
6 Original return. Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or add						ddition to	tax relates.		
	☐ 706 ☐ 709 ☐ 940 ☐ 941 ☐ 943					945			
	□ 99	90-PF 🗹 1040 🗌] 1120	Other (s	specify) 🕨				
7			claim or request should be allowed ar	nd show the	e comput	ation of th	ne amount shown		
		e 2. If you need more space, attach a	dditional sheets.						
		ABATEMENT UNDER FIRST TIME ABATE.	TAV VEADC DEFODE THE TAV VEAD OF THE	DENIAL TV					
			TAX YEARS BEFORE THE TAX YEAR OF THE 3 YEARS, OR ANY PENALTY WAS REMOVED		FDTΔRI F F	ΡΕΔΟΟΝ ΟΤ	HED THAN FIRST		
TIME A		PER ANT I ENACTIES DOKING THE I KICK	STEAKS, OK ANTT ENACTT WAS KENIOVED	I OK AN ACC	LI IADLE I	LASON OT	TIER THANTING		
			und or abatement relating to a joint retur				ust sign the claim.		
			porate officer authorized to sign, and the						
Under p	oenalties rrect. an	of perjury, I declare that I have examined this of complete. Declaration of preparer (other than	claim, including accompanying schedules and st taxpayer) is based on all information of which pre	atements, and parer has anv	l, to the bes knowledge	t of my knov	wledge and belief, it is		
, , , , ,	,	, , , , , , , , , , , , , , , , , , ,		, ,					
Cianatu	ro /Titlo	if applicable Claims by corporations must be ai	and by an officer			Doto			
Signatu	ire (Tille,	if applicable. Claims by corporations must be significant to the significant of the signi	gried by an officer.)			Date			
Signatu	ire (spou	se, if joint return)				Date			
		Print/Type preparer's name	Preparer's signature	Date			PTIN		
Paid		71 1 1				eck if f-employed	P03013529		
Prep		DAVID COLLINS Firm's name			Firm's EIN	. ,			
Use	Only	Uniy ————————————————————————————————————				30 000 17 10			
		Firm's address ► 9301 OCOEE ST, #64, OOLTEWAH, TN 37363				Phone no. (423) 482-9737			