

REFUND OF SALES AND USE TAX APPLICATION AND AFFIDAVIT Due to Mechanical Defect or Failure

Purpose: Use this form to request a refund of Sales and Use Tax paid to DMV for a vehicle returned to the seller due to a mechanical defect or failure. Applications must be submitted within 3 years of the date payment was made to DMV. **NOTE:** Do not use this form for refund request subject to the Virginia Motor Vehicle Warranty Enforcement Act ("Lemon Law"); use form SUT 2 "Application for Refund of Sales and Use Tax."

Instructions: Complete form and attach supporting documents (if any). Have form notarized and submit to any DMV Customer Service Center or mail to Titling Work Center at the above address. Allow 7-9 weeks to receive a refund check.

REFUND REQUIREMENTS

To be eligible for a refund, all of the following statements must be true. Check Applicable Boxes.

- The vehicle was returned within 45 days of purchase due to a mechanical defect or failure not subject to the Virginia Motor Vehicle Warranty Enforcement Act ("Lemon Law");
- The purchase price was refunded;
- The title was assigned to the seller accepting return of the vehicle; and
- The purchaser no longer has possession of the vehicle.

Additional or Supporting Information (optional):

Explain in detail why you are applying for a refund. (If more space is needed, use the reverse of this form or attach additional sheet(s))

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN)	TITLE NUMBER	MAKE	YEAR	VEHICLE RETURNED DATE
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APPLICANT INFORMATION

COMPANY NAME OR OWNER FULL LEGAL NAME (last)		(first)	(middle)
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FEIN, SSN OR CUSTOMER NUMBER *	ARE YOU A DEALER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION AND SIGNATURES

I/we certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER NAME (print)	CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)

NOTARIZATION (must be completed by notary public)

State/Commonwealth of _____, city or county of _____ subscribed and sworn before me on this _____ day of _____ <small>(MONTH) (YEAR)</small> by _____ in the city or county and state aforesaid.	NOTARY PUBLIC SEAL
REGISTRATION NUMBER	MY COMMISSION EXPIRES (mm/dd/yyyy)
NOTARY PUBLIC NAME	NOTARY PUBLIC SIGNATURE

DMV OFFICE USE ONLY

REFUND CODE	REVENUE CODE	DATE PAID	AMOUNT PAID	REFUND AMOUNT	CSR/AGENCY STAMP
AUTHORIZED SIGNATURE					

* In accordance with Virginia Code §§ 2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.