Attention

Effective August 12, 2013, if you are filing Form 843 in response to Letter 4658 (notice of branded prescription drug fee), note that the Mailstop number in the *Where to File* table on page 2 of the Instructions for Form 843 (Rev. December 2012), has changed. The address to mail Form 843 in this case **ONLY** is:

Internal Revenue Service Mailstop 4921 1973 N. Rulon White Blvd. Ogden, UT 84404

The above mailstop change is effective **ONLY** if you are filing Form 843 in response to Letter 4658 (notice of branded prescription drug fee).

Please see the Where to File Table below.

Where To File

IF you are filing Form 843	THEN mail the form to			
In response to an IRS notice regarding a tax or fee related to certain taxes such as income, employment, gift, estate, excise, etc.	The address shown in the notice.			
For penalties, or for any other reason other than an IRS notice (see above) or Letter 4658 (see below)	The service center where you would be required to a file a current year tax return for the tax to which your claim or request relates. See the instructions for the return you are filing.			
In response to Letter 4658 (notice of branded prescription drug fee) Note. To ensure proper processing, write "Branded Prescription Drug Fee" across the top of Form 843.	Internal Revenue Service Mail Stop 4921 1973 N. Rulon White Blvd. Ogden, UT 84404 Caution. Use this address only if you are claiming a refund of the branded prescription drug fee.			

This change will be reflected in the next revision of the Instructions for Form 843.

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.

Name(s)					Your social security number				
Address (number, street, and room or suite no.)						Spouse's social security number			
City or town, state, and ZIP code						Employer identification number (EIN)			
Name and address shown on return if different from above					Daytime telephone number				
1	Period. Prepare a separate Form 843 for each tax period or fee year. From to					2 Amount to be refunded or abated: \$			
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 related.								
		nployment	☐ Gift ☐ Excise			come	☐ Fee		
4	based	of penalty. If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is d (see instructions). IRC section:							
5a	none apply, go to line 6.) 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 assessing a penalty or addition to tax.								
b	b Date(s) of payment(s) ►								
6	□ 70	Original return. Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or addition to tax relates. ☐ 706 ☐ 709 ☐ 940 ☐ 941 ☐ 943 ☐ 945 ☐ 990-PF ☐ 1040 ☐ 1120 ☐ 4720 ☐ Other (specify) ►							
7									
Ciamat	16	van ava filina Farma 0.40 ta vanusat a vafi			a.a.al				
			und or abatement relating to a joint retur porate officer authorized to sign, and the				lust sign the claim.		
			laim, including accompanying schedules and sta axpayer) is based on all information of which pre				wledge and belief, it is		
Signature (Title, if applicable. Claims by corporations must be signed by an officer.) Date									
Signatur	e (spous	se, if joint return)				Date			
Paid		Print/Type preparer's name	Che		Check if self-employed	PTIN			
Prepa Use (Firm's EIN ▶			
USE (Office	Firm's address ▶				Phone no.			