Form <b>843</b> (Rev. December 2024)	Claim for Refund and Request for Abatement					OMB No. 1545-0024	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form843 for instructions and the latest information.				tion.		
	hat indicates your reason fo	r filing Form 843.					
Abatement or refund	l of tax other than income, est l of tax that can't be claimed c of excess social security, Mea ollection	on any form except Form		ny one en	nployer, but only	if your employer will	
	of excess tier 2 RRTA tax whe r paid exceeds the tier 2 limit	en, for the year, you had r	more tha	n one rail	road employer a	nd your total tier 2	
Refund to employee overcollection	of social security, Medicare, o	or RRTA tax withheld in e	rror, but	only if you	ur employer will r	not adjust the	
Abatement or refund Penalty	l of tier 1 RRTA tax for an emp	loyee representative					
Abatement or refund	l of a penalty or addition to tax l of penalty imposed under se overy Penalty)						
<ul> <li>Refund of penalty im</li> <li>Abatement or refund</li> </ul>	nposed under section 6695A fo nposed under section 6715 for I under section 6404(f) of a pe	misuse of dyed fuel				ice by the IRS	
	l of interest due to IRS error or rest rate of zero under Rev. Pro	-	4(e)(1)				
	l of assessed penalties, interes	st, or additions to tax bec	ause you	u were un	able to read and	timely respond to a	
<ul> <li>Refund of branded p</li> <li>Refund of annual fee</li> <li>Other (specify)</li> </ul>	prescription drug fee on health insurance providers	S					
abatement of an overpa excise taxes based on t	Form 843 when you <b>must</b> use yment of income taxes or an e he nontaxable use or sale of fu Form 843 to claim a refund of	employer's claim for FICA uels; or an overpayment o	tax, RR	TA tax, or taxes rep	income tax with orted on Form(s)	holding; a refund of ) 11-C, 720, 730, or	
Name of person requesting	the refund or abatement (see ins	tructions)			Social security nu	umber (SSN)	
Name of spouse if filing Fo	rm 843 relating to a joint return (se	ee instructions)			Spouse's social s	security number (SSN)	
Address (number and street or P.O. box if mail is not delivered to street address)					Apt., rc	room, or suite no.	
City, town, or post office. If	f you have a foreign address, also	complete spaces below.	State	ZIP code	e Employ	yer ID number (EIN)	
Foreign country name		Foreign province/state/cou	nty	1	Foreigr	n postal code	
Name and address shown	on return if different from above				Davtim	e telephone number	

Name and address shown on return if different from above

1 Enter the tax period or fee year. Prepare a separate Form 843 for each tax period or fee year. Beginning date (MM/DD/YYYY) Ending date (MM/DD/YYYY)

2 Amount to be refunded or abated. \$

3 Date(s) of payment(s) for which you are requesting a refund (MM/DD/YYYY). If you need more space, attach additional sheets. b d а С е f

h j k L i. g 4 Check the box(es) with the type of tax or fee for which you are asking a refund or abatement. Or check the box(es) with the type of tax or fee to which the interest, penalty, or addition to tax is related. Check only one box unless an exception applies (see Special Situations in the instructions for the exceptions). **a** Employment b 🗌 Estate c 🗌 Gift f 🗌 Fee **g** Civil penalty d 🗌 Excise e 🗌 Income

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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5	Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or addition to tax relates. Check only one box unless an exception applies (see <i>Special Situations</i> in the instructions for the exceptions)
	a       706       b       709       c       940       d       941       e       943       f       944       g       945       h       990-PF         i       1040       j       1120       k       4720       I       CT-2       m       Branded Prescription Drug (BPD) Fee         n       Other (specify)
6	If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is based (see instructions). Internal Revenue Code section
7 8	Check the box that indicates your reason for the request for refund or abatement. <ul> <li>a</li> <li>Interest was assessed as a result of IRS errors or delays.</li> <li>b</li> <li>A penalty or addition to tax was the result of erroneous written advice from the IRS.</li> <li>c</li> <li>Reasonable cause or other reason allowed under the law can be shown.</li> <li>d</li> <li>None of the above reasons apply.</li> </ul> Explain why you believe this claim or request should be allowed and show how you computed the amount shown on line 2. If you need more space, attach additional sheets.
843. F signati	ure. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the Form orms 843 filed by corporations must be signed by a corporate officer authorized to sign, and the officer's title must be included with the irre. Forms 843 filed by an estate or trust must be signed by the fiduciary.
	enalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
	If the IRS sent you an Identity

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

					. ,		
Signature (spous	se, if filing Form 843 relating to a joint return)		Date				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
	Firm's name				Firm's EIN		
					Phone no.		

 Signature (Title, if applicable. Claims by corporations must be signed by an officer. Claims by an officer by an officer. Claims by an officer.
 Date

 estate or trust must be signed by the fiduciary.)
 Date