

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <a href="here">here</a>.

## Form **843**

(Rev. December 2024) Department of the Treasury Internal Revenue Service

## **Claim for Refund and Request for Abatement**

Go to www.irs.gov/Form843 for instructions and the latest information.

OMB No. 1545-0024

Ch	eck the box below that indicates your reason for filing Form 843.								
Tax	(								
	Abatement or refund of tax other than income, estate, or gift tax								
	Abatement or refund of tax that can't be claimed on any form except Form 843 Refund to employee of excess social security, Medicare, or RRTA tax withheld by any one employer, but only if your employer will not adjust the overcollection								
	Refund to employee of excess tier 2 RRTA tax when, for the year, you had more than one railroad employer and your total tier 2 RRTA tax withheld or paid exceeds the tier 2 limit								
	Refund to employee of social security, Medicare, or RRTA tax withheld in error, but only if your employer will not adjust the overcollection								
	Abatement or refund of tier 1 RRTA tax for an employee representative	B			SH				
Per	nalty								
	Abatement or refund of a penalty or addition to tax due to reasonable cause or other reason allowed under the law  Refund of penalty imposed under section 6672 for failure to collect and pay over tax, or attempt to evade or defeat tax (Trust Fund Recovery Penalty)								
	Refund of penalty imposed under section 6715 for misuse of dyed fuel								
	Abatement or refund under section 6404(f) of a penalty or addition to tax	attributable	e to erron	eous writ	ten advice by the IRS				
	Abatement or refund of interest under coation 6404(a)(1)				_				
	Abatement or refund of interest under section 6404(e)(1)  Request for net interest rate of zero under Rev. Proc. 2000-26								
Request for net interest rate of zero under Rev. Proc. 2000-26  Other									
-	Refund of branded prescription drug fee								
	Refund of annual fee on health insurance providers								
	Other (specify)								
CA	UTION: Do not use Form 843 when you must use a different tax form. For	r example,	do <b>not</b> u	se Form	343 to claim a refund o	r			
abatement of an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding; a refund of excise taxes based on the nontaxable use or sale of fuels; or an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290. Also, do <b>not</b> use Form 843 to claim a refund of tax return preparer or promoter penalties. See instructions for the forms to use.									
	ne of person requesting refund or abatement (see instructions)		Social security number (SSN)						
Name of spouse if filing joint return (see instructions)					Spouse's social security number (SSN)				
Address (number and street or P.O. box if mail is not delivered to street address)					Apt., room, or suite no.				
City	r, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	•	Employer ID number (El	N)			
Fore	eign country name Foreign province/state/c	ounty			Foreign postal code				
Nan	ne and address shown on return if different from above			Davtime	Lelephone number				
				,					
1									
_	Beginning date (MM/DD/YYYY) Ending da	te (MM/DD	/YYYY) _						
	2 Amount to be refunded or abated. \$  Date(s) of payment(s) for which you are requesting a refund (MM/DD/YYYY). If you need more space, attach additional sheets.								
3		, .							
	a D C	e			!				
4	a b c d  g h i j  Check the box with the type of tax or fee for which you are asking a r or fee to which the interest, penalty, or addition to tax is related. Check	efund or al	atement.	Or check	the box with the type	of tax			
	a Employment b Estate c Gift d Excise	=		f	Fee <b>g</b> □ Civil per	naltv			
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Form 843 (Rev.	12-2024)			Page 2
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	e claim or request involves a penalty, uctions). IRC section	enter the Internal Revenue	e Code (IRC) section	on which the penalty is based (se-
a d b c d d 8 Expla	ck the box that indicates your reason for a linterest was assessed as a result of a penalty or addition to tax was the line Reasonable cause or other reason a line None of the above reasons apply. In why you believe this claim or required more space, attach additional shape.	f IRS errors or delays. result of erroneous written allowed under the law can lest should be allowed and	advice from the IRS. be shown.	
		<b></b>		
		<i></i>		
Ciamatuma If	Every are filling Form 040 to request a ref	i and as abatament solating to	a joint vatura bath va	and value analyse must sign the Farm
843. Forms 8	you are filing Form 843 to request a ref 843 filed by corporations must be signed orms 843 filed by an estate or trust must	by a corporate officer author		
	s of perjury, I declare that I have examined this one complete. Declaration of preparer (other than to			
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	if applicable. Claims by corporations must be sinust be signed by the fiduciary.)	gned by an officer. Claims by an	Date	
				If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.)
	se, if joint return)  Print/Type preparer's name	Preparer's signature	Date	OL L D : PTIN
Paid Preparer	13po propuloi o numo		Date	Check if self-employed
Use Only	Firm's name			Firm's EIN Phone no.
	Firm's address			