

SOUTH DAKOTA 4% EXCISE TAX REFUND AFFIDAVIT

(Title #)

(VIN)

(Year/Make)

I, *(name)* _____

Of *(address, city, state, zip)* _____

Certify that my reason for requesting a 4% excise tax refund is indicated below; and that I have attached the required documentation, title correction fee, and original title.

(Signature)

(Date)

_____ Bill of sale was not available or was incomplete at the time of application (bill of sale)

_____ Trade-in or purchase price was indicated incorrectly by the dealership (affidavit of facts from dealership, corrected purchase

agreement) _____ Other _____