



Georgia Department of Revenue - Motor Vehicle Division

Title Ad Valorem Tax (TAVT) Refund Request



Purpose of this form: This form should be used by individuals or businesses who have paid title ad valorem tax (TAVT) and are eligible for a TAVT refund.

How to submit this form: This form should be submitted with a copy of your receipt to your local County Tag Office, or the form can be mailed with a copy of your receipt to your local County Tag Office.

Required document(s): A receipt showing the TAVT has been paid and, for those filing for their immediate family members, a Form MV-16 Affidavit to Certify Immediate Family Relationship

A REASON FOR REFUND	
Military Eligibility	Received from Immediate Family Member (Provide Form MV-16)
Other: _____	
B VEHICLE OWNER INFORMATION	
Full, Legal Name of Person/Business Requesting Refund	
Mailing Address:	
Street No.	Street Name Apt./Suite No.
City:	County: State:
ZIP Code:	Driver's License No.: Customer ID No.: (If different from driver's license number)
EIN (Employer ID# if business):	
C VEHICLE INFORMATION	
Year:	Make: Model:
Vehicle Identification No. (VIN):	Tag Number:
NOTE: Your refund will be mailed to you at the address in the Georgia title and registration system. If your address has recently changed, update your address prior to or upon submitting this request. Save a copy of this form and contact your local County Tag Office for complete information about your eligibility for refunds.	
D CERTIFICATION	
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.	
_____ Signature of Owner	_____ Printed Name & Title if Refund Request for a Business
	_____ Date