

Business Name: _____

Permit: _____

Local Tax Rebate Supplemental Sheet Form ET-179B

16) Invoice Number	17) Invoice Date	18) City/County Where Purchased or Delivered/Shipped	19) City/County Code	20) Invoice Total Amount (Do Not Include Tax Paid)	21) Standard Cap Amount	22) Invoice Amount Eligible for Rebate (Block 20 minus Block 21)	23) Local Tax Rate	24) Rebate Amount
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
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					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
					- \$2,500.00 =		X _____ % =	
							Total Rebate Claim Amount (From the Invoices Listed Above)(Enter this amount in Block 26 on Form ET-179A)	