Business Name: _____

Permit: _____

Local Tax Rebate Supplemental Sheet Form ET-179B

17) Invoice Number	18) Invoice Date	19) City/County Where Purchased or Delivered/ Shipped	20) City/County Tax Code	21) Local Tax Rate	22) Invoice Amount (Do Not Include Tax Paid or Non Taxable Items)	23) Standard Cap Amount	24) Invoice Amount Eligible for Rebate (Block 22 Minus Block 23)	25) Rebate Amount
				%		- $2,500.00 =		
				%		- $2,500.00 =		
				%		- $2,500.00 =		
				%		- $2,500.00 =		
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				%		- $2,500.00 =		
				%		- $2,500.00 =		
							Total Rebate Claim Amount (From the Invoices Listed Above) (Enter this amount in Block 27 on Form ET-179A)	$0.00