

Title

CLAIM FOR REFUND OR CREDIT OF TAXES PAID

Account Number: Business Address:	Business Name:		
Contact Person:		Contact Telephone:	
Type of Tax:		Contact Email Address:	
Period(s):			
Total Taxes Remitt	ad		All approved claims will be
Total Taxes Due, as amended			_ processed as credit memos. Checks will be granted on a
Difference (Total Refund Requested)			
This refund is claimed for the following reasons (check all that apply): Mathematical error on return or supporting documents			
Taxpayer failed to claim properly documented eligible deductions on original return (resales, returns, etc)			
Taxpayer construction of the law contrary to the collector's construction of the law at the time of payment			
Error, omission, or mistake of fact of consequence to the determination of the tax liability by the taxpayer or collector			
Change made by the collector in an assessment, notice or billing issued			
Subsequent determination that taxpayer was entitled to pay a tax at a reduced rate			
Payment exceeded the amount on the face of the return			
Bad debt write-off			
Other (describe):			
 Include the following documents with the application: An amended return for applicable periods If this application for refund is for multiple months, please attach a monthly detail of taxes remitted, amended taxes due, and refund amounts All documentation needed to adequately determine that a refund is due. This may include, but is not limited to original invoices, credit invoices, original tax return, proof of payment, customer exemption certificates, and monthly sales summary. For bad debt write-offs, please supply the State's approval letter and the corresponding federal income tax return. If all necessary documentation is not simultaneously submitted with this application, the refund request will not be considered as received and ready for review. 			
Under the penalty of perjury, I declare that, to the best of my knowledge, all the facts alleged above as a basis for reasonable cause (including all accompanying documentation) are true, correct, and complete.			
Printed Name of Applicant Signature of Applicant			

Date