CITY CLAIM FOR TAX REFUND (SALES/USE)

NAME OF TAXPAYER:__________________________________________

MAILING ADDRESS:______________________________________________ TELEPHONE:________________________

CITY:________________________________________________________ STATE:______________ ZIP:____________________

A. TAX INFORMATION
1. Kind of Tax: ___________ To Whom Paid: __________________________
2. Date Paid: ___________ Amount of Tax Paid: ________________________
3. Correct Amount of Tax Liability: __________________________________ ______ $________________________
4. Amount Requested to Be Refunded: ________________________________ ______ $____________________
   (All claims for refund must be accompanied by supporting documentation verifying the information stated above.)

B. IF YOU ARE LICENSED WITH THE CITY:
1. City License Account Number: _____________________________________
2. Date Return was filed: __________________________________ Tax Period: ________________________

C. REASON FOR CLAIM/ADDITIONAL INFORMATION
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

I hereby certify that I have examined this claim (including any accompanying documentation) and that it is to the best of my knowledge and belief a true and complete claim made in good faith for the purpose stated above.

Taxpayer Name:______________________________ Taxpayer Signature:______________________________
   (Please print)

Taxpayer Title:___________________________ Date:__________________________

Prepared By:______________________________ Telephone:______________________________
   (Please print)

(Claim for Refund must be signed by individual taxpayer or company official.)

<< Office Use >>

Amount Claimed: ____________________________ Prepared:__________________________
Amount of Claim Denied $______________________ Reviewed:______________________
Amount of Claim Approved $______________________ Approved:_____________________
Comments:_______________________________________________________________

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