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) Date: _______________________
Taxpayer Title: _______________________________ Telephone: _______________________
Prepared By: _______________________________ (Please print)

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

Amount Claimed: $ _______________ Prepared: _______________________
Amount of Claim Denied $ _______________ Reviewed: _______________________
Amount of Claim Approved $ _______________ Approved: _______________________
Comments: __________________________

<< Office Use >>

Form #GJ900 (9/2013)