



Finance  
250 N. 5th Street  
Grand Junction, CO 81501  
(970) 244-1521 Fax (970) 256-4078

## 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

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*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: \_\_\_\_\_  
(Please print)

Taxpayer  
Signature: \_\_\_\_\_

Taxpayer Title: \_\_\_\_\_

Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
(Please print)

Telephone: \_\_\_\_\_

*(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: \_\_\_\_\_