



Financial Operations
250 North 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \$ \_\_\_\_\_
Amount of Claim Denied \$ \_\_\_\_\_
Amount of Claim Approved \$ \_\_\_\_\_

Prepared: \_\_\_\_\_
Reviewed: \_\_\_\_\_
Approved: \_\_\_\_\_

Comments: \_\_\_\_\_