



Financial Operations
250 North 5th Street
Grand Junction, CO 81501
(970) 244-1536 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: _____