

Claim# _____

CLAIM FOR REFUND
(Please Print or Type)

NAME OF CLAIMANT _____ ACCOUNT# _____

RESIDENCE OR BUSINESS ADDRESS _____
STREET CITY STATE/ZIP

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) STREET CITY STATE/ZIP

PHONE# _____ CONTACT PERSON _____

E-Mail _____

TAX PERIOD FROM _____ TO _____ DATES PAID _____

AMOUNT OF TAX PAID _____

CORRECT AMOUNT OF TAX LIABILITY _____

AMOUNT TO BE REFUNDED _____

REASON FOR CLAIM _____

I/we declare, under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me/us, and to the best of my/our knowledge and belief is a true, correct, and complete return made in good faith, for the purposes stated, pursuant to the ordinances of Pueblo and the Regulations issued under authority thereof.

NAME OF FIRM OR EMPLOYEE, IF ANY _____

SIGNATURE OF TAXPAYER _____ DATE _____

SEE INSTRUCTIONS ON REVERSE SIDE

FOR INTERNAL USE ONLY

(I certify that I have made an examination of the claim and facts submitted and recommend that the amount indicated herein be refunded)

Refund Amount Rejected _____ Type of Tax/Fee Refunded _____

Total Refund Allowed _____ Date _____

Reasons For Actions Taken _____

Audited By _____ Reviewed By _____

Date _____ Date _____

I hereby approve the refund of _____, as recommended and approved for payment

- Issue Check Write off Credit
- Maintain credit for future use

Director of Finance

INSTRUCTIONS

1. The claim must set forth in detail each ground upon which it is made, and facts sufficient to inform the Department of Finance of the exact basis thereof.
2. The claim should be signed by the taxpayer, if possible. Whenever it is necessary to have the claim executed by an attorney or agent, on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such an agent, or attorney to sign the claim on behalf of the taxpayer should accompany the claim.
3. Where the taxpayer is a corporation, the claim shall be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation.
4. Any false statement made by applicant for Sales Tax refund is punishable on conviction by maximum fine of \$300.00 or jail sentence of ninety days or both.
5. Sufficient documentation must be included with the request for refund or it will delay the processing of your claim or cause denial of your claim.
6. Please allow 90 days for refund claim to be processed.
7. Please note §14-4-90(b) P.M.C. – A refund shall be made, or a credit allowed, for the tax so paid under dispute by any purchaser who has an exemption as provided in this chapter. Such refund shall be made by the Director after compliance with the following conditions precedent: Applications for refund must be made within sixty (60) days after the purchase of the goods whereon an exemption is claimed, and must be supported by the affidavit of the purchaser accompanied by the original paid invoice or sales receipt and certificate issued by the seller, and be made upon forms as shall be prescribed and furnished by the Director, which forms shall contain such information as the Director prescribes.
8. Mail refund claims to:
 - City of Pueblo
 - P.O. Box 1427
 - Pueblo, CO 81002