

For Official Use Only Date Received: _____ Received By: _____
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Tax & Licensing Fees Refund Request Form

Complete this form to request a refund of tax/licensing fees remitted to the City of Auburn (COA) Revenue Office. Before completing this form, read the instructions detailed on Page 2. Make note of the submission deadline listed.

Untimely requests will not be processed and will be returned to sender. **IMPORTANT: Form must include documentation (i.e. credit memo, tax exempt certification, return merchandise slip, etc.) supporting claim for refund.**

BUSINESS INFORMATION

Account Number: _____

Business Name: _____

Name/Title of Person Requesting Refund: _____

Business Address: _____

Phone: _____ Fax: _____

Email: _____

Check all that apply:

- ☐ I certify that I am the original payer of the tax/licensing fees.
- ☐ I certify that I am an authorized agent of the business. *Power of Attorney form must accompany Refund Request.*

TAXING/LICENSING REFUND TYPE

Check applicable tax/licensing type:

- ☐ Sales Tax
 ☐ Use Tax
 ☐ Rental/Leasing Tax
 ☐ Lodging Tax
 ☐ Liquor Tax
☐ Motor Fuel Tax
 ☐ Wholesale Wine Tax
 ☐ Cigarette Tax
☐ Occupational License Fee
 ☐ Contractors/Subcontractors License Fee
 ☐ Business License Fee

BASIS & AMOUNT REQUESTED

Amount Requested: _____ Date Requested: _____

- ☐ Overpayment
 ☐ Tax Exempt Sale

Remitted to municipality in error (*tax/license fee is payable to another municipality*)

Other _____

Provide a brief explanation of entitlement of refund (add attachments as needed.)

**Finance
Department**
 Revenue Office
 144 Tichenor Ave.
 Auburn, AL • 36830
 334.501.7239
 Fax: 334.501.7297

PAYMENT INFORMATION

If approved, all refunds will be mailed to the address coded in the Revenue's licensing/tax system unless otherwise requested. If the refund check is to be sent to a person or address other than what is coded in the system, complete the section below. This section must be signed by the original payer or authorized agent. If request is denied, a letter will be mailed to the address coded in the licensing/tax system.

By signing my name, I authorize the City of Auburn to direct payments of the refund to the person/address listed below.

Signature

Date

Send refund to: Name _____

Address _____

SIGNATURES

I declare under penalty of perjury that the information presented on this form is true, correct and complete to the best of my knowledge. My signature also indicates that I take full responsibility of the information presented on this form and any tax/licensing decision/liability resulting from this form.

Print Name and Title

Signature and Date

INSTRUCTIONS FOR FILING A REQUEST OF REFUND

Failure to complete all sections of this form could delay the processing of the request and may result in the denial or return of the request. The request must be filed (postmarked) with the Revenue Office within three years from the date the return was filed or two years from the date of the payment of the tax/licensing fee, whichever is later. *Section 40-2A-7 of The Code of Alabama, 1975.*

- **Business Information** This section should present the business information as recorded on the business registration form and recorded in the City of Auburn's tax/licensing system.
- **Tax/Licensing Refund Type** This section should identify the tax/licensing fee type for which the refund is being requested. It should also indicate the period (i.e. Month/Year) in which the tax/licensing fee was originally remitted to the City of Auburn; this will be the period for which the refund is requested. A separate request form must be submitted for each tax/licensing fee type.
- **Basis of Refund Request & Amount Requested** This section should provide a brief explanation as to why the refund is being requested. Additional sheets may be attached if needed. The Revenue staff requires sufficient information and documentation to support the claim of refund and to determine the accuracy of the refund amount. If you are unable to calculate the refund amount, the Revenue staff will calculate the amount for you based on the information and documentation provided.

Payment Information This section details whom the refund will be issued to if approved and what procedures are followed if the request is denied.

If the refund request is denied, you have 30 days from the date of denial to file a written appeal. The written appeal shall be mailed to the COA Finance Director at 144 Tichenor Avenue, Suite 6 in Auburn, Alabama 36830.

Signatures This section should be completed by the person who is legally responsible for the tax/licensing account or authorized agent. The Power of Attorney form must be completed. The City will not accept the request without the original signatures. **Photocopies or faxes will not be accepted.**