

TAX & LICENSING FEES REFUND REQUEST FORM

Complete this form to request a refund of tax/licensing fees remitted to the City of Auburn-Revenue Office. Submit to: Revenue Office, 144 Tichenor Avenue, Suite 6, Auburn, Alabama 36830.

Before completing this form (front & back) please read instructions detailed on back of this form. Please make reference of the deadline to submit a request of refund. **Untimely requests will not be processed and will be returned.**

Business Name:	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) TAX/LICENSING REFUND TYPE (check applicable tax/licensing type) State tax/licensing period for which refund is requested: Sales Tax Use Tax Rental/Leasing Tax Lodging Tax Liquor Tax Cigarette Tax Motor Fuel Tax Wholesale Wine Tax Contractors/Subcontractors License Fee Coccupational License Fee BASIS OF REQUEST AND AMOUNT REQUESTED Amount Requested: Date Requested: Overpayment Tax Exempt Sale Remitted to municipality in error (tax/license fee is payable to another municipality) Other	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 refune request) TAX/LICENSING REFUND TYPE (check applicable tax/licensing type) State tax/licensing period for which refund is requested: Sales Tax Use Tax Rental/Leasing Tax Lodging Tax Liquor Tax Cigarette Tax Motor Fuel Tax Wholesale Wine Tax Contractors/Subcontractors License Fee Occupational License Fee BASIS OF REQUEST AND AMOUNT REQUESTED Amount Requested: Date Requested: Date Requested:
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Other	
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Briefly provide an explanation of entitlement of refund (attach additional sheet if needed):	Other
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City of Auburn—Revenue Office 144 Tichenor Avenue · Suite 6 · Auburn, Alabama 36830 Office: (334) 501-7239 · Email: taxpayerinfo@auburnalabama.org · Website: www.auburnalabama.org Date Received: _____

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 o below.	f Auburn to direct payment of the refund to person/address listed
Signature/Date	
Send refund to: Name	
Address:	
SIGNATURES	
the best of my knowledge. My signature al	nformation presented on this form is true, correct, and complete to lso indicates that I take full responsibility of the information g 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.

- Request must be filed (postmarked) with the Revenue Office within three (3) years from the date the return was filed or two (2) 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.
- **Section 1: 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.
- **Section 2:** 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.
- **Section 3: 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.

Section 4: 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 thirty (30) days from the date of denial to file a written appeal of the denial. The written appeal shall be mailed to the City of Auburn, Finance Director at 144 Tichenor Avenue - Suite 6 - Auburn, Alabama 36830

Section 5: Signatures--this section should be completed by the person who is legally responsible for the tax/licensing account or authorized agent (*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*).