



Claim for Sales/ Use Tax Refund

Instructions

1. Fill out the Claim for Sales/ Use Tax Refund form
 - a. Taxpayer Name: Name refund would be remitted to if approved.
 - b. DBA: Name of business (If applicable).
 - c. Mailing Address: Where decision/ check should be mailed to.
 - d. Account #: City of Greeley Sales/ Use Tax Account # (If applicable).
 - e. Period: The period's taxes were overpaid.
 - f. Amount Paid: Enter the original amount paid.
 - g. Correct Amount: Enter the amount that should have been paid.
 - h. Refund Amount: Enter the amount of refund that you are requesting.
 - i. Reason: Explain the reason for the request and overpayment.
 - j. Signature/ Title: Sign name and provide title (If applicable).
 - k. Telephone Number: Required for questions by tax examiner.
 - l. Date: Enter date of signature
 - m. Preparer Signature: Required (If applicable).
2. Provide all supporting documentation to justify tax refund. This could include but is not limited to:
 - a. Copy of tax returns (If applicable)
 - b. Invoices (Showing taxes paid and/ or refunded)
 - c. Receipts
 - d. Exemption Certificate (if applicable)
3. Submit form and supporting documentation to:
 - a. City of Greeley
Sales Tax Group
1000 10th Street
Greeley, CO 80631
 - b. greeleysalestax@greeleygov.com
4. Questions:
 - a. Phone: 970-350-9733
 - b. Email: greeleysalestax@greeleygov.com



Finance Department
1000 10th Street
Greeley, CO 80631
970-350-9733
greeleysalestax@greeleygov.com

Claim for Sales/ Use Tax Refund

Taxpayer Name:

DBA:

Mailing Address:

Account # Period (mo/yr - mo/yr):

Amount Paid: Correct Amount: Refund Amount:

Reason for Request

I declare under penalty of perjury in the second degree that this claim, including all attachments, is to the best of my knowledge, true and correct.

Signature/ Title: Date:

Telephone Number: Signature of Preparer (if other than taxpayer):

For Finance Department Use Only:

Comments:

I certify that I have made an examination of the documents and facts related to this claim.

Tax Examiner: Amt. of Refund: Date:

1st Approval: Fin. Director:

Date:

Date: