

CITY OF SAN JOSE
REVENUE MANAGEMENT, FINANCE
UTILITY USERS TAX REFUND CLAIM
200 East Santa Clara Street, San Jose, 4th Floor Tower, CA 95113-1905

Before completing this form, please read the instructions on the attached page. Please note that there is information to be completed on the reverse side of this form. *If you are filing this claim prior to September 13, 2006, you have three years from the date of payment to submit this form and supporting documentation. If you are filing this claim on or after September 13, 2006, you have one year from the date of payment to submit this form and supporting documentation.*

1. CLAIMANT INFORMATION

NAME _____
(Service User Name)

ADDRESS _____
(Where service is provided)

MAILING ADDRESS _____

TELEPHONE _____

NAME OF UTILITY COMPANY _____

CUSTOMER ACCOUNT NUMBER _____
(As it appears on bill/statement)

2. BASIS OF CLAIM

State all facts and circumstances that support your claim for tax refund. If you believe that you are exempt from payment of the tax, please identify the particular exemption.

3. REFUND AMOUNT AND PAYMENT INFORMATION

State the amount of the refund you are seeking: \$ _____ and the date(s) of payment

_____.

Make REFUND CHECK Payable to: _____

-over-

4. SIGNATURE OF CLAIMANT

I declare under penalty of perjury that the foregoing is true and correct. The undersigned is the taxpayer or the taxpayer's guardian, conservator, executor or administrator. I am not an agent or the taxpayer's attorney. I understand that in order to be eligible for a refund, I must first seek a refund from the utility company identified above. I certify under penalty of perjury that I have sought a refund from the utility company identified above and that the utility company has denied my claim.

Signature of Claimant or Representative

Date

Print Name

Title/Relationship to Claimant

Check if representative.

(For Finance Department Use Only Below This Line)

() Approved () Denied () Returned for insufficiency/timeliness

Reason: _____

Director of Finance _____ Date _____

COMPLETED CLAIMS FOR TAX REFUND AND SUPPORTING DOCUMENTATION MUST
BE FILED WITH: CITY OF SAN JOSE, REVENUE MANAGEMENT, FINANCE,
200 E. SANTA CLARA STREET, 4th FLOOR TOWER, SAN JOSE, CA, 95113-1905

INSTRUCTIONS FOR FILING A CLAIM FOR TAX REFUND (CHAPTER 4.82 AND 4.68 OF THE SAN JOSE MUNICIPAL CODE)

Failure to complete all sections of the claim form could delay the processing of your claim and could result in the return or denial of your claim. *Please note the deadline for submission of the claim on the front page of the Claim Form. Untimely claims will be returned.*

A separate claim form must be filed for the refund of the tax paid to each utility company. For example, if a claimant is seeking a refund of the telephone utility users tax, the claimant must file a separate claim form for the refund of the tax collected by each service provider with whom the claimant has an account.

- 1. Claimant's Information**— Complete all of the information required in this section. ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO THE BUSINESS OR PERSON LISTED AT THE *MAILING ADDRESS*.
- 2. Basis of Claim** — State in detail all facts supporting your claim that the tax was overpaid, paid more than once, or erroneously or illegally collected or received by the City of San José. Submit copies of all cancelled checks, receipts and any other document or record which supports your claim for a refund. Please attached additional sheets as necessary.
- 3. Refund Amount and Payment Information** — State the total amount you are claiming as a tax refund and the date(s) of payment. Please also state to whom the refund check is to be paid.
- 4. Signature of Claimant or Representative** — Please sign and date. Print name of signatory, and the position, title or other relationship to claimant. The claim must be signed by the taxpayer the taxpayer's guardian, conservator, executor or administrator. No other agent, including the taxpayer's attorney, may sign a tax refund claim. The City will not accept the claim without the original signature. (A photostatic or facsimile copy will not be accepted.) If the signatory is the guardian, conservator, executor or administrator, the City may require proof of such relationship before processing any refund.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (CALIFORNIA PENAL CODE SECTION 72).