



**Financial Services**  
 Sales Tax Division  
 215 North Mason Street, 2<sup>nd</sup> Floor  
 P.O. Box 580  
 Fort Collins, CO 80522  
**970.221.6780**  
 970.221.6782 - fax  
[fcgov.com/salestax](http://fcgov.com/salestax)

## REFUND CLAIM FOR CITY TAXES PAID

Please refer to the instructions on the back of this form.

Name of Claimant: \_\_\_\_\_

Residence or Business Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Type of Tax Paid: \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

Total Refund Requested \$ \_\_\_\_\_

Reasons for Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I/we declare, under 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 true, correct and made in good faith, for the purpose stated.*

A claim by an agent must be accompanied by power of attorney.

\_\_\_\_\_  
 Signature of person other than taxpayer preparing claim

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Taxpayer

\_\_\_\_\_  
 Date

=====

Office Use Only:

Audited by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Sales Tax Manager/Financial Officer

Amount of Refund: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

**Claim must be filed within three (3) years after the date of purchase, storage, use, or consumption of the good or service.**

Submitting your claim with all required documentation detailed below will verify the validity of your claim. Failure to provide all required documentation will delay the processing of the claim. **Additional documentation or verification may be required after receipt of your claim and original documentation.**

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### Licensed Taxpayer Claims Require:

1. Detailed explanation of how the error occurred.
  2. Copy of invoice(s), credit memo(s), and other documentation you consider appropriate to the claim. \*
  3. Sales journals that provide sufficient evidence as to how the sales for the period were summarized and clearly show the total monthly sales totals (including the invoice(s) in question) and the amount of tax reported and paid to the City of Fort Collins.
  4. 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.
  5. 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.
  6. Any false statement made by the applicant for sales/use tax refund is punishable on conviction by a maximum fine of \$300 or a minimum sentence of ninety (90) days or both.
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### 3<sup>rd</sup> Party Claims from Individuals (Customers) Require:

1. Copy of original invoice on which City of Fort Collins tax was charged. \*
  2. Proof of payment of invoice (receipt, or copy of front and back of canceled check).
  3. Include other documentation you consider appropriate.
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\* If the claim is for tax paid on a vehicle, the following must be included:

1. Copy of Colorado driver's license showing current address.
2. Copy of registration on the vehicle.
3. Copy of the sales invoice.