



CLAIM FOR REFUND OF COLORADO SPRINGS SALES AND/OR USE TAX

NAME OF CLAIMANT _____ LICENSE/ACCOUNT # _____

RESIDENCE OR BUSINESS ADDRESS _____ P.O. BOX OR STREET ADDRESS, CITY, STATE, ZIP CODE _____

MAILING ADDRESS _____ (IF DIFFERENT FROM RESIDENCE/BUSINESS ADDRESS)

CONTACT NAME _____ PHONE _____

PERIOD FROM: _____ TO: _____ EMAIL _____

ITEMS PURCHASED FROM: _____ ADDRESS: _____

Note: Utility refunds require a Utilities Consent Form F02-12281

Link to Form: <http://www.csu.org/business/customer/forms/item1520.pdf>

TOTAL PRICE OF ITEMS PURCHASED \$ _____

AMOUNT OF SALES/USE TAX PAID \$ _____

AMOUNT OF CLAIM \$ _____

REASON FOR CLAIM: _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS CLAIM, AND ALL ACCOMPANYING SCHEDULES AND STATEMENTS, HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE, CORRECT, AND MADE IN GOOD FAITH, PURSUANT TO CITY OF COLORADO SPRING SALES AND USE TAX CODE AND REGULATIONS ISSUED UNDER AUTHORITY THEROF.

AUTHORIZED REPRESENTATIVE/TITLE (PRINT)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

A CLAIM BY AN AGENT MUST BE ACCOMPANIED BY A POWER OF ATTORNEY, IF NECESSARY

OFFICE USE ONLY

Original Amount of Claim _____

Amount added/(rejected): _____

Less 2% Vendor's fee: _____

The vendor fee has been eliminated for all filing periods on or after January 1, 2010, per Ordinance No. 09-141.

The vendor fee of 2% will automatically be reinstated for filing periods on and after April 1, 2012.

REVIEWED BY/DATE: _____

Total Claim allowed/paid _____

AUDITED BY/DATE: _____

65120-001-6110 _____
65120-118-5901-9160028 _____
65120-171-1300-9160028 _____

I HEREBY AUTHORIZE THE REFUND OF \$ _____

(FOR DIRECTOR OF FINANCE)

INSTRUCTIONS

1. THE CLAIM MUST SET FORTH IN DETAIL EACH GROUND UPON WHICH IT IS MADE, AND FACTS SUFFICIENT TO INFORM THE DIRECTOR OF FINANCE OF THE EXACT BASIS THEREOF.
2. 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.
3. 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.
4. ANY FALSE STATEMENT MADE BY THE APPLICANT FOR SALES/USE TAX REFUND IS PUNISHABLE ON CONVICTION BY A FINE F NOT MORE THAN \$500.00 OR A SENTENCE NOT EXCEEDING THREE (3) MONTHS OR BOTH.
5. PLEASE DIRECT ALL QUESTIONS TO (719) 385-5903
6. APPROPRIATE DOCUMENTATION MUST BE INCLUDED WITH REQUEST FOR REFUND OR IT WILL DELAY THE PROCESSING OF YOUR CLAIM.