

Instructions for Claim for Refund

General Instructions

Purpose of Form

This form is used by taxpayers to request a refund of tax overpayment remitted to the City of Arvada (City) or to a retailer licensed and authorized to collect the same. Pursuant to Sec. 98-74 of the Arvada Municipal Code (Code), no tax overpayment shall be refunded unless a signed Claim for Refund form is submitted along with adequate documentation supporting the claim.

Reminders

Include supporting documentation. Documentation supporting (1) that Arvada tax was, in fact, paid to the City or to a licensed retailer; (2) the date(s) that the overpayment occurred; and (3) that Arvada tax was not due must be submitted along with the Claim for Refund. Claims that are not adequately documented will be denied.

The Statute of Limitations shall be as follows:

- a. A purchaser who claims that Arvada tax was erroneously paid on a purchase from a licensed vendor must submit all claims on or before sixty (60) days from the date of purchase.
- b. Any claim for refund resulting from a Notice of Overpayment must be submitted on or before thirty (30) days from the date of such Notice of Overpayment.
- c. Any other claims must be submitted on or before three years after the date of such overpayment was paid to the City.

Refunds are not assignable. The right of any person to obtain a refund shall not be assignable.

Signature required. The person completing the claim on behalf of the taxpayer must sign and date the form at the bottom. A printed name is also required. If the taxpayer is not a natural person, the title of the office or agent completing the form on behalf of the taxpayer must also be printed on the form. Forms without a signature will be returned and may not be considered timely filed.

Specific Instructions

Line 1 thru 8 – Claimant Information. Print the legal name, the trade or other name the taxpayer is known by, and the mailing address of the organization. For claims by natural persons, print the last name followed by the first name on line 1 and do not complete line 2. Licensed taxpayers requesting that the refund be mailed to an address other than the address on file with the Sales Tax Division must include an explanation of why the refund should be mailed to an alternative address on line 13.

Line 9 – City Account Number. If the taxpayer is licensed with the City, list the 7 digit account number.

Line 10 – Tax Types. Check the appropriate boxes indicating the tax types for which the refund is being claimed. If a refund of multiple tax types is being claimed, the specific amounts attributable to each tax type should be detailed on line 13.

Line 11 – Amount of Claim. List the amount in dollars and cents. Do not round. For licensed taxpayers the refund will be reduced by three (3%) of the vendors fee up to the \$100.00 limitation.

CAUTION Claims may be made only for overpayment of City of Arvada tax. The City will not refund taxes overpaid to the State of Colorado or any other county, municipality, districts, or taxing jurisdictions.

Line 12 – Date(s) of Overpayment / Reporting Periods. List the dates the tax was purportedly overpaid. Taxpayers seeking a refund of disputed tax paid to a licensed Arvada retailer should list the date of the purchase in dispute. Taxpayers seeking a refund of taxes overpaid on a return should list the return period(s) covered. All other claimants should list the date such overpayment was paid to the City.

Line 13 – Explanation of Claim. Give a brief account of the reasons of the claim. Details should include whom the tax was paid to, if applicable, and why the tax is not due. If the overpayment was the result of a calculation error, describe how the error occurred. If the taxpayer is claiming transactions or items should be exempt under the Code, cite the applicable code section. All relevant factual and legal claims should be included. Also include other required explanations such as the reason for an alternative mailing address or the amounts attributable to multiple tax types. Attach additional sheets if necessary.

Documentation – Attach the various documents supporting the claim. Additional documentation may be requested if it is needed to complete the review.

Signature – After reviewing the form for accuracy, sign and date the form. Print your name and title below your signature. Return the form to the Arvada Sales Tax Division along with the required documentation.

Review & Documentation – The review time required will vary depending on the nature and scope of the claim. If necessary, the claim will be assigned to an auditor who may contact you regarding the review.

If the claim is approved, a refund check will be sent approximately two weeks after approval. For licensed taxpayer's a credit may be issued. The credit amount on the overpayment notice can be used on the taxpayer's next return on **Line 14**.

Denied Claim – If the claim is denied, in full or in part, written notice of the determination will be sent along with the payment, if any. Such determination may be protested within twenty (20) days of issuance, pursuant to Sec. 98-75 of the Code.

Return completed form to:



CITY OF ARVADA

Sales Tax Division
8101 Ralston Road
P.O. Box 8101
Arvada, CO 80001-8101
Phone (720) 898-7100
Fax (720) 898-7110



CLAIM FOR REFUND

Please Type or Print Clearly

Claimant section containing fields 1-6 and 7-9: 1) Legal Name of Business or Individual Name (Last, First); 2) Trade Name of Business (if any); 3) Mailing Address; 4) City; 5) State; 6) Zip; 7) Contact Person (if Business); 8) Phone Number; 9) City Account Number.

Claim Information section containing fields 10-12 and 13: 10) Tax Type(s); 11) Claim Amount; 12) Date(s) of Overpayment / Reporting Periods; 13) Give a brief explanation of your claim. Attach supporting documents such as invoices, tax returns, supporting schedules etc.

Claimant Signature section containing Declaration text and fields for Signature, Date, Print Name, Title, and Phone No.

Official Use Only section containing fields for Date Received, Reviewed, Approval, Comments, Refund Requested, Amount Denied, Amount Increased, Total Refund, Vendor #, Input Date, Paid Date, Assessment #, and Credit Taken.