



Office of Finance
CITY OF LOS ANGELES

CLAIM FOR REFUND APPLICATION
(LAMC SECTIONS 21.07, 22.12 & 22.13)

Office of Finance, Refund Processing
P.O. Box 53200, Los Angeles, CA 90053-0200 (213) 744-9724
E-mail: Finance.Refunds@lacity.org

Return Signed Original To:

Date:

Reserve for Filing Stamp
Claim Number:
Filing Date:

Name of Claimant:

DBA (Doing Business As):

Business Address:

Mailing Address:

Location of Financial Records:

Phone Number:

1. Amount Claimed Overpaid: 2. Date of Payment:

3. Tax Registration Certificate and/or Permit Number:

4. City Department to which Payment was made:

5. Reasons for filing claim:

[Empty box for reasons for filing claim]

(Give full details. If more space is required, select Page 2 and Page 3 (if needed) OR attach additional sheets. If applicable, attach schedules to each copy.)

All Claims for refund must be filed with the Office of Finance within one year from the date of payment, except for Christmas Tree Lot Cleanup deposits which must be filed within three years from the date of deposit. A claimant may be required to submit to an audit of records under Sec. 21.15(c) L.A.M.C.

I HEREBY CERTIFY that the above statements are true.

Signature of Claimant

Title

Date

FOR OFFICE USE

A. Section Account Cr. Date Amount of Payment Amount Due Difference

B. Trans No. Fund Type of Refund Amount Claimed Less: Serv. Fees/Other Amount Recommended For Refund

Comments:

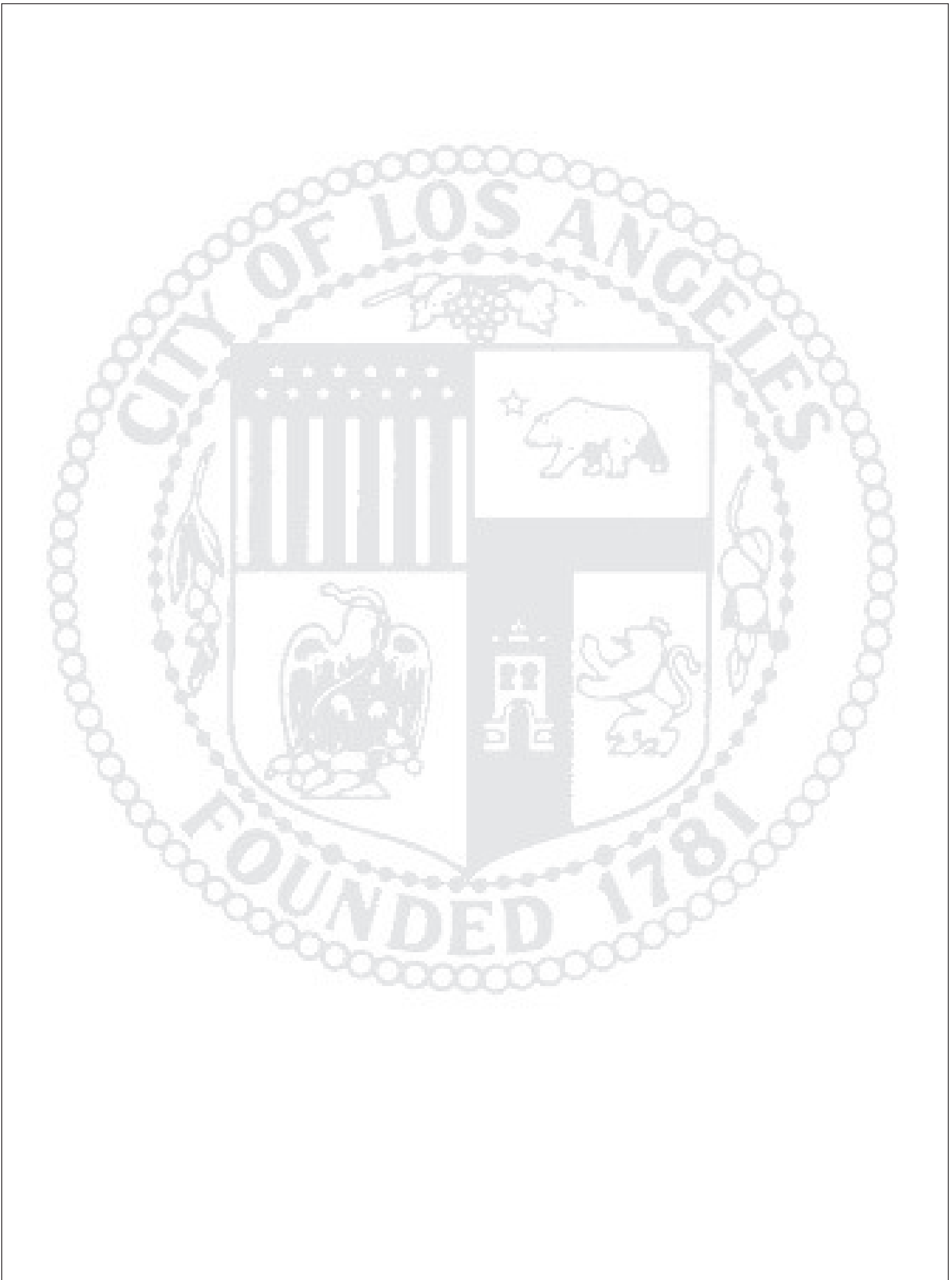
Reviewed and Recommended by:
Based on Recommendation of:

By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.

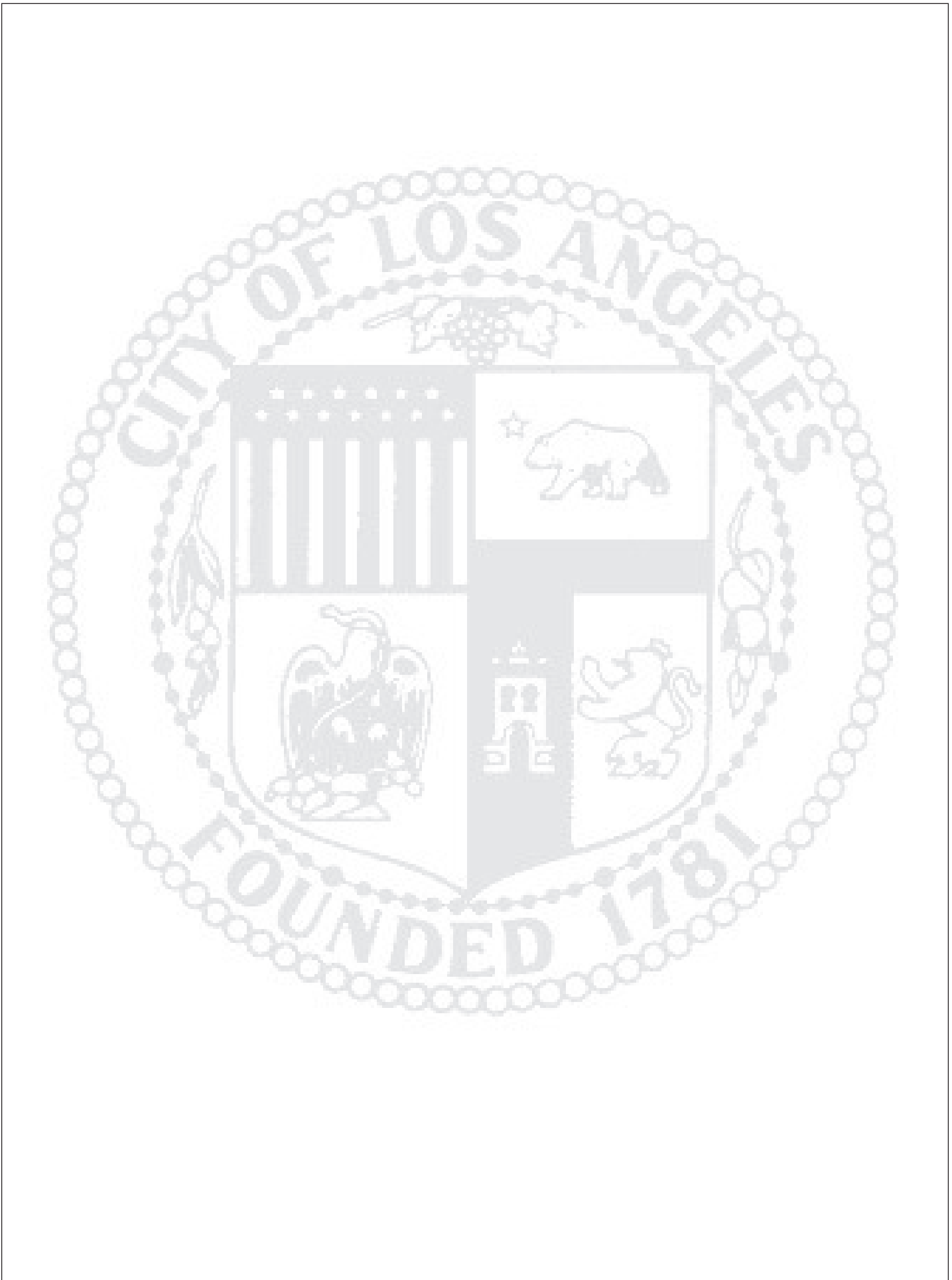
Investigations Audit Building and Safety By Date

Note: A claimant may be required to submit to examination under oath. (Charter Sec. 217)
Presentation of a false claim is a felony. (California Penal Code Sec. 72)

5. Reasons for filing claim (continued):



5. Reasons for filing claim (continued):



INSTRUCTIONS FOR FILING A CLAIM FOR REFUND APPLICATION

1. A claim is to be filed on Form # 96.006(a) in the name of the claimant as it appears on the Tax Registration Certificate or Permit. **A CLAIM FILED UNDER A FICTITIOUS NAME / DBA IS ACCEPTABLE** Make a copy of claim for your files.
2. If refund is to be mailed to a location other than the business address of record, please enter the refund address under "Mailing Address."
3. Any claim for refund must be filed with the Office of Finance within one year from the date of payment, except for Christmas Tree Lot Cleanup Deposits which must be filed within three years from the date of deposit.
4. Overpayment for more than one tax period or more than one location may be included in one claim.
5. A claim must be signed in accordance with the following:
 - a. Single Proprietorship
The claim must bear an original signature of the claimant.
 - b. Partnerships
The claim must bear an original signature of one or more of the partners.
 - c. Corporations
The claim must bear an original signature of an officer of the corporation with his/her title indicated.
 - d. Limited Liability Companies
The claim must bear an original signature of a managing member.
6. If a "Claim for Refund" is filed for the reason that the applicant has not engaged in the business for which tax was paid, the Tax Registration Certificate must be attached to the claim. NOTE: The Municipal Code provides that a 20% service charge shall be deducted from amounts refunded on UNUSED Tax Registration Certificates. A refund cannot be legally made if applicant engaged in the business activity, no matter how brief the period of such operation.
7. Any claim for overpayment must be verified by this office before any refund is approved for payment, or credit allowed against an underpayment. **DO NOT CLAIM CREDIT FOR OVERPAYMENT ON ANY CURRENT OR FUTURE PAYMENT DUE THIS CITY.**
8. The filing of a claim does not stop the running of the applicable statute of limitations for bringing suit on such claim.

If you have any questions regarding the filing of a "Claim for Refund," please call (213) 744-9724.
Return all signed refund claims to:

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Refund Processing
P.O. Box 53200
Los Angeles, CA 90053-0200
E-mail: Finance.Refunds@lacity.org