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.
- 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:

Office of Finance
Refund Processing
P.O. Box 53233
Los Angeles, CA 90053-0200
E-mail: Finance.Refunds@lacity.org



CLAIM FOR REFUND APPLICATION

(LAMC SECTIONS 21.07, 22.12 & 22.13)

Return signed original to:

Office of Finance, Refund Processing P.O. Box 53233, Los Angeles, CA. 90053-0200 or E-mail:

Finance.Refunds@lacity.org

OFF	ICE L	JSE (ONLY

Claim Number:

Filing Date:

Date:				
Name of Claimant:	SSN	_SSN or FEIN#:		
DBA (Doing Business As):	Phor	ne Number:		
Business Address:				
Mailing Address:				
Location of Financial Records:				
Amount Claimed Overpaid:				
Tax Registration Certificate and/or Permit				
City Department to which payment was m	ade:			
Reason for filing claim (Give full details. If mo attach schedules to each copy.):	ore space is required, select Page	2 (if needed) OR att	ach additional sheets	s. If applicable,
All Claims for refund must be filed with the Office or deposits, Documentary Transfer Tax and ULA which required to submit to an audit of records under Sec I HEREBY CERTIFY that the above states Signature of Claimant:	must be filed within three years f . 21.15(c) L.A.M.C. ments are true.	rom the date of depo	osit or payment. A clair	mant may be
By completing this form and submitting it to the Off same legal effect, validity and enforceability of a for	fice of Finance in an electronic for rm submitted to us via US mail or	mat, such as email, yo	ou agree that the subn	nitted form has the
legally represents a document sent by you or your l				
A. Section Account Cr. Date	OFFICE USE ONLY Amount of Payment	Amount Due	Difference	
B. Trans No. Fund Type of Refund	Less: Amount Claimed	Serv. Fees/other	Amount recommende	ed Enr Refund
Comments:				
Reviewed and Recommended by: Based on Recommendation of:				

Code Sec. 72)

F	Reason for filing claim (Continued)					
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