CLAIM FOR REFUND



Town of Breckenridge Finance Division

150 Ski Hill Road PO Box 1517

Breckenridge, CO 80424

Phone: (970) 547-3193 Fax: (970) 547-4468 Sales Tax Telephone Utilities Tax Real Estate Transfer Tax Breckenridge Public Accommodation Tax П Medical Marijuana Excise Tax Franchise Fee Business and Occupational License Tax PLEASE PRINT: <u>Licensed Taxpayer Claims</u> – (Claims filed by taxpayers licensed with the Town of Breckenridge.) Name of Claimant_____Ph. # (Contact Person PO Box / Street Amount of Claim for Refund \$_____ Tax Paid \$_____ Period(s) Being Claimed: ______Tax Paid on Account # _____ 3rd Party Claims – (Claims filed by purchasers not licensed with the Town of Breckenridge) Must be filed within 60 days of transaction resulting in overpayment of tax – see instructions Name of Claimant Ph. # () Contact Person _____ Amount of Claim for Refund \$ Tax Paid \$ Tax Paid to:______Date(s) Tax Paid:_____ Statement of REASON FOR REFUND CLAIM: I hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge. I understand that making false statements in connection with an application for refund is a violation of the Breckenridge Town Code and may be punishable by fines not to exceed \$999.00 and/or imprisonment of up to one (1) year. Signature of Claimant Print Name **OFFICIAL USE ONLY** REFUND AMOUNT APPROVED \$ _____ GL account ____ REFUND AMOUNT APPROVED \$ _____ GL account _____ REFUND AMOUNT APPROVED \$ GL account _____ Payment adjustment made ______Date____ Date Billing adjustment made _____

GENERAL INSTRUCTIONS AND INFORMATION

This form should be completed for all claims for refund of Breckenridge sales, telephone utilities, real estate transfer, Breckenridge public accommodations, medical marijuana, and business and occupational license tax. The form is also required for claims for refund of franchise fees. Submitting your claim with all of the documentation suggested below will facilitate the processing of your claim. Additional documentation, or verification, may be required after receipt of your claim.

Licensed Taxpayer Claims Require:

- 1) Detailed explanation of how error occurred.
- 2) Copy of invoice(s) and credit memo(s) involved in claim.
- 3) Sales journals that provide sufficient evidence as to how the sales for the period were summarized and that clearly show the total monthly sales total (including the invoice(s) in question) and the amount of tax reported and paid to Town of Breckenridge.
- 4) Include any other documentation you consider appropriate.
- 5) Must be filed within 3 years of the transaction resulting in the overpayment of tax.

3rd Party Claims From Individuals (Customers) Require:

- 1) Copy of original invoice on which Breckenridge tax was charged.
- 2) Proof of payment of the invoice (receipt, or copy of front and back of canceled check).
- 3) Claims for tax charged on automotive vehicle purchases require return of the motor vehicle receipt (form TD 206) issued by the dealer.
- 4) Include any other documentation you consider appropriate.
- 5) Must be filed within 60 days of the transaction resulting in the overpayment of tax.