

Application for Tax Refund of Overpayments or Erroneous Payments

Collection Office Name _____ Phone (area code and number) _____

Address _____ City _____ State _____ Zip Code _____

Collecting Tax For (taxing units) _____

GENERAL INSTRUCTIONS: This application is for use in requesting a tax refund pursuant to Tax Code Section 31.11 and Comptroller Rule 9.3039. To apply for a tax refund, the taxpayer or representative must complete Steps 1 through 4 of this application. The refund check will be made payable to the taxpayer and mailed to the taxpayer address provided below.

FILING INSTRUCTIONS: This document and all supporting documentation must be filed with the tax collector of the taxing unit for which you are requesting a refund. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for county tax offices may be found on the Comptroller's website.

STEP 1: Ownership Information

Name of Property Owner _____ Phone (area code and number) _____

Mailing Address _____ City _____ State _____ Zip Code _____

STEP 2: Property Information

Appraisal District Account Number _____ OR Tax Receipt Number _____

Location (Street Address) _____ City _____ State _____ Zip Code _____

Legal Description (or attach copy of the tax bill or tax receipt) _____

STEP 3: Tax Payment Information

Complete the tax payment information requested below for each taxing unit from which refund is requested. A separate document containing the same information may be attached for additional taxing units, if necessary.

	Name of Taxing Unit From Which Refund is Requested	Year for Which Refund Is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$
8.				\$	\$
9.				\$	\$
10.				\$	\$

Property Owner's Reason for Refund (attach supporting documentation)

[Empty box for Property Owner's Reason for Refund]

STEP 4: Signature

I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.

print here

Print Name

sign here

Authorized Signature

Date

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code §37.10.

FOR COLLECTOR USE ONLY

STEP 5: Tax Refund Determination

This tax refund is Approved Disapproved

print here

Print Name and Title

sign here

Authorized Officer

Date

print here

Print Name and Title

sign here

Collector(s) of Taxing Unit(s) for Refund Applications Over (insert amount for which governing body approval is required under Tax Code Section 31.11)

Date

If the collector does not respond to this application on or before the 90th day after the date the application form is filed with the collector, this application is presumed to have been denied. The taxpayer may file suit against the taxing unit in the district court to compel payment of the refund if it is filed not later than the 60th date after the collector denies the application.