



Tax Audit Section
 15151 E. Alameda Parkway, Ste. 5700
 Aurora, Colorado 80012
 Phone 303.739.7800 option 4
 Fax 303.739.7753

CLAIM FOR REFUND

PLEASE PRINT OR TYPE

Refund to be made payable to and mailed to		
Taxpayer Name:		License #:
DBA or Trade Name:		
Street Address:		
City:	State:	Zip:
Contact Person:		
Contact Number:		
(1) Dates of Payment:		
(2) Amount of Tax Paid:	\$	
(3) Correct Amt of Tax Liability:	\$	
(4) Amount to be Refunded	\$	
Reason For Claim:		
I declare under penalty of perjury in the second degree that this claim including all attachments is to the best of my knowledge true and correct. I further understand that the claim and documentation may be subject to the same verification process used by the City of Aurora in auditing other taxes for three years from the date of payment of the claim.		
Taxpayer Signature:		Phone Number:
Print Name of Signer Above:	Title:	Date:
For Departmental Use Only. Do not write in this section.		
Refund amount claimed:	GL ACCOUNT	License#:
Adjustments:		Acct Name:
Refund amount approved:	00100-	Case No: CAS0000
Refund interest allowed:	25112-66450	
Refund Arap Cnty Use Tax:	00100-20490	Auditor:
Total Refund Issued		Date Assigned:
Type of Tax Refunded		
I certify that I have made an examination of the claim and facts submitted and recommend that the amount indicated herein be refunded		
Examined by:		Date:
Approved by:		Date:
Notes		