



## **Claim for Sales/Use Tax Refund Instructions**

1. Fill out the Claim for Sales/ Use Tax Refund form
  - a. Taxpayer Name: Name refund would be remitted to if approved.
  - b. DBA: Name of business (If applicable).
  - c. Mailing Address: Where decision/ check should be mailed to.
  - d. Account #: City of Greeley Sales/ Use Tax Account # (If applicable).
  - e. Period: The period's taxes were overpaid.
  - f. Amount Paid: Enter the original amount paid.
  - g. Correct Amount: Enter the amount that should have been paid.
  - h. Refund Amount: Enter the amount of refund that you are requesting.
  - i. Reason: Explain the reason for the request and overpayment.
  - j. Signature/ Title: Sign name and provide title (If applicable).
  - k. Telephone Number: Required for questions by tax examiner.
  - l. Date: Enter date of signature
  - m. Preparer Signature: Required (If applicable).
2. Provide all supporting documentation to justify tax refund. This could include but is not limited to:
  - a. Copy of tax returns (If applicable)
  - b. Invoices (Showing taxes paid and/ or refunded)
  - c. Receipts
  - d. Exemption Certificate (if applicable)
3. Submit form and supporting documentation to:
  - a. City of Greeley  
Sales Tax Division  
1100 10th Street  
Greeley, CO 80631  
[greeleysalestax@greeleygov.com](mailto:greeleysalestax@greeleygov.com)
4. Questions:
  - a. Phone: 970-350-9733
  - b. Email: [greeleysalestax@greeleygov.com](mailto:greeleysalestax@greeleygov.com)



Finance Department  
1100 10th Street  
Greeley, CO 80631  
970-350-9733  
greeleysalestax@greeleygov.com

## Claim for Sales/ Use Tax Refund

Taxpayer Name:

DBA:

Mailing Address:

Account #  Period (mo/yr - mo/yr):

Amount Paid:  Correct Amount:  Refund Amount:

Reason for  
Request

**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.**

Signature/ Title:  Date:

Telephone Number:  Signature of Preparer (if other than taxpayer):

### For Finance Department Use Only:

Comments:

**I certify that I have made an examination of the documents and facts related to this claim.**

Tax Examiner:  Amt. of Refund:  Date:

1st Approval:  Approval  
Signature:

Date:

Date: