

# CITY AND COUNTY OF SAN FRANCISCO

## Claim For Business Tax Refund

Before completing this form, please read the instructions on the back. You have one year from the date of payment, the date the return accompanying the payment was due, or the date on which the amount requested on an amended return or request for refund from locally filed with the Tax Collector was denied or deemed denied under section 1, 15-1(a) of Article 4 of the Business and Tax Regulations Code, whichever is later, to submit this form and supporting documentation to:

**CONTROLLER'S OFFICE, CLAIMS DIVISION, 100 MARKET STREET, 7TH FLOOR, SAN FRANCISCO, CA 94102-6400.**

You must file a separate claim for business tax refund for each type of tax.

**1. CLAIMANT'S NAME:** \_\_\_\_\_  
**DBA (if applicable):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**2. IF CLAIMANT IS A BUSINESS:**  
 Type of Ownership Individual  
 Partnership  
 Corporation  
 Other \_\_\_\_\_

**3. FEDERAL TAXPAYER ID#** \_\_\_\_\_

**4. TAX PAID INFORMATION**

Business Account Number	Paid By	Date Paid	Receipt No.	Amount Paid	Period Covered
a.					
b.					
c.					

**5. BASIS OF CLAIM:** State all facts that support your refund claim. If your claim applies to only a portion of the tax paid, please specify the portion to which it applies.

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**Applicable Tax (check one)**

- Payroll Expense Tax
- Green Energy Tax
- Registration Tax
- Short-Term Green Energy Tax
- Commercial State Tax
- Traffic Congestion Mitigation Tax
- Business Improvement District Tax
- Microbrewery District Tax
- Brewpub Temporary Tax
- Parking Tax
- Access Easement Tax
- Utility Users Tax (other than DTE)
- Open-air Letter Abatement Tax
- Telephone Users Tax (DTE)
- Building Operator Abatement Tax
- Signage Abatement Tax

**6. REFUND AMOUNT REQUESTED: \$** \_\_\_\_\_

**7. DATE AMOUNT REQUESTED FROM THE TAX COLLECTOR WAS DENIED OR DEEMED DENIED (IF APPLICABLE):** \_\_\_\_\_

**8. SIGNATURE OF CLAIMANT OR REPRESENTATIVE:** I certify under penalty of perjury that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with authority to bind the taxpayer), or agent of the taxpayer authorized to sign this form on behalf of the taxpayer (with authorization), and that the information on this Claim for Business Tax Refund form is, to the best of my knowledge and belief, true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_