City of Boulder
Sales/Use Tax Division

CLAIM FOR REFUND OF BOULDER TAX

Taxpayer's Name _____
Business Street Address _____
City_____ State _____ Zip Code _____
Phone # _____ Contact Person _____
City Sales Tax # _____ Date return was filed/tax paid _____
Reporting period _____ to _____ Type of Tax _____

Reason for Refund

I/We declare, under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me/us and to the best of my/our knowledge and belief is true, correct and complete for the purpose stated, pursuant to the City of Boulder Tax Cod and Regulations issued under the authority thereof.

_____	_____	_____
Signature of Claimant	Date	Title

For City Use Only

I certify that I have made an examination of the claim and facts submitted and recommend that the amount indicated herein be refunded

		Refund Requested	$_____
_____	_____	Amount Rejected	$_____
Examined By	Date	Amount Increased	$_____
_____	_____	Total Refund Amount	$_____
Approved By	Date		

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