



CLAIM FOR REFUND (SALES OR USE TAX)

City Of Thornton, Colorado
Sales Tax Division
9500 Civic Center Drive
Thornton, CO 80229-4326

- Submit claim for each type of tax (e.g. City Sales, City Use).
- Periods can be combined if consecutive for each type of tax.
- Retain copy for your records.

Refund to be made payable to, and mailed to:		(If this is different from the name and address on the City's Tax License records for the account number(s) used, provide explanation and notarized power of attorney specific to this refund to initiate the action.)	
Taxpayer Name:			
Taxpayer DBA (if applicable):			
Mailing Address:			
City:	State:	Zip:	
City Account Number:	Type of Tax:	Period (mo/yr-mo/yr):	
Original Amount Paid:	Correct Amount:	Refund Requested:	
Reason: (Explain below or on a separate sheet of paper if needed). All supporting documentation must be attached.			
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 Thornton Revenue Division in auditing other taxes for three years from the date of payment of the claim.			
Taxpayer Signature (this line must be signed by an officer, partner, or owner of the firm claiming the refund):			
Title:	Telephone:	Date:	
Signature of Preparer (if other than taxpayer):			
Name of Firm:	Telephone:	Date:	
FOR CITY OF THORNTON USE ONLY. Do not write in this section.			
Comments:			
I certify that I have made an examination of the documents and facts related to this claim.		Account:	
Initiator:	Date:	1 st Approver:	Date:
2 nd Approver:	Date:	3 rd Approver:	Date: