

FORM OF REFUND CLAIM

To: Board of Supervisors
County of **Calaveras**
891 Mountain Ranch Road
San Andreas, CA 95249

**NOTE: PLEASE REFER TO
INSTRUCTIONS ON OPPOSITE SIDE.**

The undersigned, as (1) _____ (state representative capacity) of

_____, the claimant herein, hereby makes this claim for refund of taxes on behalf of the claimant pursuant to Revenue and Taxation Code §§ 5096 and 5097 and demands that the Board of Supervisors make its order directing the controller of said County to refund to claimant the sum of (2) \$ _____ in taxes levied for the fiscal year (3) _____. In support of said claim, the undersigned states:

I/we did _____ did not _____ have a hearing before the Assessment Appeals Board (AAB).

If so, the date of the hearing before the AAB was _____.

I/we understand that if no appeal was filed with the AAB, this claim may be denied without hearing for failure to exhaust administrative remedies and/or lack of jurisdiction by the Board of Supervisors.

A. Claimant is and at all times herein mentioned was

a corporation duly organized and existing under the laws of the State of California

a partnership

a limited liability company

a sole proprietorship with its principal place of business located at (4) _____
_____ (street and city), _____ County, CA.

B. For the fiscal year (5) _____, the assessor of Calaveras County assessed to claimant certain property located in said County and described as follows: (6) _____

_____.
On the basis of said assessment, taxes were levied on said property for said fiscal year in the sum of (7) \$ _____ and paid by claimant in full on or about (8) _____ and _____. State basis of claim, such as taxes paid twice, erroneously or illegally collected, overassessment, nonexistent improvements, etc. If claim is being made for only a portion of the taxes paid, state the portion. (Attach sheet if necessary for #9.)
Claimant is entitled to a refund of said taxes on the ground that: (9) _____

C. No refund of said taxes, or any part thereof, has previously been made.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: (10) _____ at _____, California.

Signature of Declarant

Printed Name of Declarant

INSTRUCTIONS FOR FILING FORM OF REFUND CLAIM

PLEASE SUBMIT A SEPARATE FORM FOR EACH TAX YEAR YOU ARE REQUESTING A REFUND. The form must be completed in its entirety for the Board of Supervisors to be able to consider your claim and may be used only if the applicant DID NOT seek the underlying assessment appeal application to be treated as a claim for refund. Photocopies of the enclosed form are acceptable.

- 1. Name of claimant or company assessed on tax roll and/or his or her guardian, executor, or administrator.**
- 2. Indicate tax amount of claim.**
- 3. Fiscal year tax was levied.**
- 4. Complete address of claimant.**
- 5. Fiscal year tax was levied.**
- 6. If this application is for refund of taxes on secured property, enter the Assessor's Parcel Number from your assessment notice or from your tax bill. If the property is unsecured, enter the account/tax bill number from your tax bill.**
- 7. Indicate tax amount of claim.**
- 8. Indicate date tax paid.**
- 9. Complete the basis for refund claim. Attach additional sheets if necessary.**
- 10. Person who paid the tax, his or her guardian, executor or administrator, must complete this verification.**

PLEASE COMPLETE FORM ON OPPOSITE SIDE.