

APPLICATION FOR REFUND OF AD VALOREM TAXES

Section 197.182 Florida Statutes

COMPLETED BY APPLICANT				
Applicant name		Count	y	Date
I am applying for a refund of \$ For the tax year(s) 20, 20, 20, 20		Mailing addres		
Describe the reason for the refund. Attach any documents that support your request for a refund.				
I declare I have read this application and the facts in it are true. If prepared by someone other than the taxpayer, the declaration is based on all information the preparer knows.				
Signature, applicant			[Date
STOP Applicant: File this form and supporting documents with your County Tax Collector.				
COMPLETED BY TAX COLLECTOR				
Approved	Parcel ID			Date received
Denied	Page and number			Check #
Submitted to the Department of Revenue (DOR) Recommendation: Order Deny Explanation:				
Signature		Title Date		
Tax collector instructions for submitting to DOR, if \$2,500 or above or otherwise required				
 A copy of the paid tax receipt for each tax year requested Certificate of correction to the tax roll signed and dated 		 For taxes paid in error: 1. Copy of certified letter to taxpayer (45 day notice) 2. Copy of certified mail, return receipt requested 3. Tax notice receipt 4. Other supporting documents 		
Refund Section		Email: <u>PTORefunds@dor.state.fl.us</u> Efax: 850-617-6107		
COMPLETED BY DOR				
Subject matter index code [TPP	Date approved
Ordered Denied			S	