REFUND CLAIM: FORSALESTAXPAID

1) This claim form must be accompanied by supporting documentation of sales tax paid to a BROQMFIELD vendor. Include copies of sales invoices, receipts. building permits, etc., or any other documentation that proves the amount of tax paid.

2) **If** this claim is for sales tax paid, where you have previously paid Local Use Tax on a building permit, we will limit the refund to the amount of Use Tax paid and receipted on the permit We do not refund State or RTD sales tax, as those taxes are not "pre-paid" on the building permit.

3) Claims for local sales tax paid to other jurisdictions will not be accepted. You must file with the other jurisdictions.

4) This claim form must be signed and dated by the taxpayer. If the taxpayer is a corporation, the claim must be signed with the corporation name, followed by the signature and title of the officer having the authority to sign for the corporation. Incomplete forms will not be processed.

1) _____
   Taxpayer Name

2) _____
   Taxpayer DBA (If applicable)

3) _____ _____
   Mailing Address

4) _____ 5) _____ 6) _____
   City   State   Zip code

7) _____ 8) _____ 9) _____
   Original Amount Paid   Correct Amount   Refund Requested

10) Reason for claim: Supporting documentation must be attached:

11) I declare under penalty of perjury in the second degree that this claim, including all attachments, is true and correct to the best of my knowledge:

12) _____   13) _____
    Signature   Date   Signature of Preparer (if other than taxpayer)

14) _____   15) _____
    Title   Telephone #   Fax#

16) _____   17) _____
    Name of Firm: Telephone #   Fax#

18) _____   19) _____
    Email address   Date