

CITY OF OAKLAND



150 FRANK H. OGAWA PLAZA, SUITE 5342 • OAKLAND, CALIFORNIA 94612

Finance Department
Revenue Management Bureau-Audit Section
www.oaklandca.gov

(510) 238-3704
TDD (510) 238-3254

REQUEST FOR REFUND

Date: _____

I, _____, taxpayer or other person determined to be liable for the tax or said person's guardian or conservator, hereby request for a refund in the amount of \$ _____ from the above business tax account for the following reason:

Supporting documentation establishing the validity of this claim is attached to this claim form:
Yes [] No []

Valid refund claims must include sufficient documentation of proof of payment and a financial basis for the claim. Proof of payment may include, but not limited to, receipts, cancelled checks and bank statements, while financial documentation may include, but not limited to, IRS and sales tax returns, profit & loss, financial statements and employee reports.

For duplicate credit card payments please contact your financial institution to dispute the charges, if it will not credit your account, please note that on this refund request form you submit.

Submission of claim is filed with the Director of Finance within the specific time periods from the date the tax was paid and in accordance to Oakland Municipal Code Section 5.04.540 and 5.04.570.

I hereby declare under penalty of perjury. That the information contained herein is to the best of knowledge, true and complete

Name (Print): _____ Signature: _____ Date: _____

Phone: _____ Email: _____

Mail Request to:

City of Oakland
Revenue Management Bureau - Audit Unit
150 Frank H. Ogawa Plaza, Suite 5342
Oakland, CA 94612

Please allow three (3) to six (6) months for processing.

Please visit the City of Oakland's website at www.oaklandca.gov for the Oakland Municipal Code. For further assistance or information, contact Jaime Uriarte (510) 238-4943 or email juriarte@oaklandca.gov