



CLAIM FOR REFUND

Trade (DBA) Name of Business	
Taxpayer Name Owner(s), Partner(s), or Corporation	
Corporate Business Address -Street, City, State, Zip-	
Local Mailing Address (if different) -Street, City, State, Zip-	

City of Louisville SalesTax License#		Type of Tax: <input type="checkbox"/> Sales <input type="checkbox"/> Use
Date Tax Paid (MM/DD/YY)	___ ___ / ___ ___ / ___ ___	Original Amount Paid:
Correct Amount:		Refund Requested * :
Reason for Refund Request (Explain in this space or on a separate sheet of paper if necessary).		

***All supporting documentation must be attached.**

<p>I declare under penalty of perjury that this claim, including all attachments, is true and correct to the best of my knowledge. I further understand that the claim and documentation are subject to the provisions and penalties contained in Ordinance 1375, Series 2002 as it exists or is hereafter amended.</p>	
<p>Taxpayer Signature _____ (This line must be signed by an officer, partner, or owner of the firm claiming the refund)</p>	<p>Date _____</p>
<p>Taxpayer Name (PRINT) _____</p>	<p>Phone ()</p>
<p>Taxpayer Title _____</p>	
<p>Signature of Preparer (if other than Taxpayer) _____</p>	<p>Date _____</p>
<p>Name of Firm: _____</p>	<p>Phone ()</p>