City of Oakland

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

(510) 238-2982 TDD (510) 238-3254 www.OaklandCA.gov

REQUEST FOR REFUND

	В	susiness Tax Account #:			
	L		<u> </u>		
l,				d to be liable for the tax o	r
said person's g	uardian or conse	rvator, hereby request f	or a refund in the amount	t of \$	rom
the above busing	ness tax account	for the following reasor	n:		
	☐ Respor	iding to a credit notice			
	☐ Multip	e payments on an accou	nt		
	☐ Amend	a tax declaration for on	e or more tax years		
	☐ Busine:	ss closed and the busines	ss license was mistakenly i	renewed	
	☐ Other:	provide details and/or a	ttach supporting documer	ntation	
			ion of proof of payment a	nd a financial basis for the	۵
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