

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.

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: _____

Mail Request to:

City of Oakland-Audit Section
Revenue Management Bureau- Audit Unit
150 Frank Ogawa Plaza, Suite 5342
Oakland, CA 94612
Contact: Chris Le-PH (510)238-7909 Cle@oaklandnet.com

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

For further assistance and information, please visit the City's website at www.oaklandca.gov and select "Municipal Code" (Title 5 Business Taxes, Permits and Regulations, Chapter 5.04 Business Taxes Generally).