



CLERK, BOARD OF SUPERVISORS

CLAIM FOR REFUND OF TAX PAYMENTS OR DISPUTE OF ASSESSED PENALTIES BEFORE THE HEARING OFFICER

(Revenue & Taxation Code Sec 5096, Et Seq. and Alameda County Administrative Code section 2.116.060)

Claims must be filed in duplicate and returned to: **Clerk, Board of Supervisor's Office**
1221 Oak Street, Suite 536, Oakland, CA 94612

- NOTE:**
- 1) Taxes must be paid prior to filing a claim for refund. Please attach a copy of your tax bill and proof of payment with this form.
 - 2) If filing to dispute assessed penalties for failure to file a Change of Ownership Statement, please be informed that the penalties will continue to compound until the matter is resolved. It is recommended that taxes be paid prior to filing.
 - 3) If filing a Cancellation or Refund of Delinquent Penalty for failure to pay your taxes timely, you must contact the Tax Collectors at (510) 272-6800 for the appropriate form.

Please type or print clearly using Blue Ink

Name and Mailing Address of applicant (Please print clearly)

Name: _____ / _____
Last First Middle Address: Street No. City/State/Zip

Phone No. (Work): () _____ Home: () _____

Property Address: _____

Assessors Parcel Number: _____ Date of Tax Payment (if applicable): _____

Acct#(s): _____

Tracer/Acct #(s) of bills sought to be refunded _____

I am filing the following type of appeal (check only one):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Parent/Child Exclusion | <input type="checkbox"/> Other Ownership Transfers | <input type="checkbox"/> Base Value Transfers | <input type="checkbox"/> Doc. Transfer Tax |
| <input type="checkbox"/> Homeowner Exemption | <input type="checkbox"/> Other Exemption | <input type="checkbox"/> Overpayment of Taxes ** | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Possessory Interest (non-value) | <input type="checkbox"/> Cancellation of Penalty for Failure to File Change of Ownership Statement | | |

**** For overpayments based on a belief that the assessed value of the property is incorrect, you must file an Application for Changed Assessment Form. Please call Assessment Appeals Section at 510-272-6352.**

I request a Refund of Taxes in accordance with this application for:

Fiscal Year(s) _____ in the amount of \$ _____

I (we) claim that the: Whole Assessment Partial Assessment for the year(s) as shown above is (are) void for the following reason(s) (Please use the reverse side of this form to state your reason(s) and attach supportive documents.)

I state under penalty of perjury of the State of California that the foregoing is true and correct to the best of my knowledge and that I am (CHECK ONE): 1) _____ the person who paid the tax; 2) _____ the executor of the person who paid the tax; 3) _____ the administrator of the person who paid the tax; 4) _____ the guardian of the person who paid the tax 5) _____ the person who is disputing the assessed penalty. If the person who paid the tax is a legal entity, I am an officer of that entity duly and legally authorized to execute this document on behalf of the entity and my title is _____, executed on this date _____ in the County of _____, State of _____

Print Name: _____

Signature: _____