

PETITION FOR REFUND OF TAX(ES) or BUSINESS LICENSE(S)

To: JEFFERSON COUNTY DEPARTMENT OF REVENUE-ENFORCEMENT
P.O. Box 122007 716 RICHARD ARRINGTON JR BLVD N
BIRMINGHAM, AL 35202-2007 BIRMINGHAM, AL 35203-0110
(205) 352-5171

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR REFUND OF \$ _____
FOR TAXES OR LICENSE(S) PAID TO THE JEFFERSON COUNTY DEPARTMENT OF REVENUE FOR
THE PERIOD _____ THROUGH _____, WHICH AMOUNT WAS OVERPAID OR
WAS PAID IN ERROR BECAUSE OF A MISTAKE OF FACT OR LAW BY THE FOLLOWING APPLICANT:

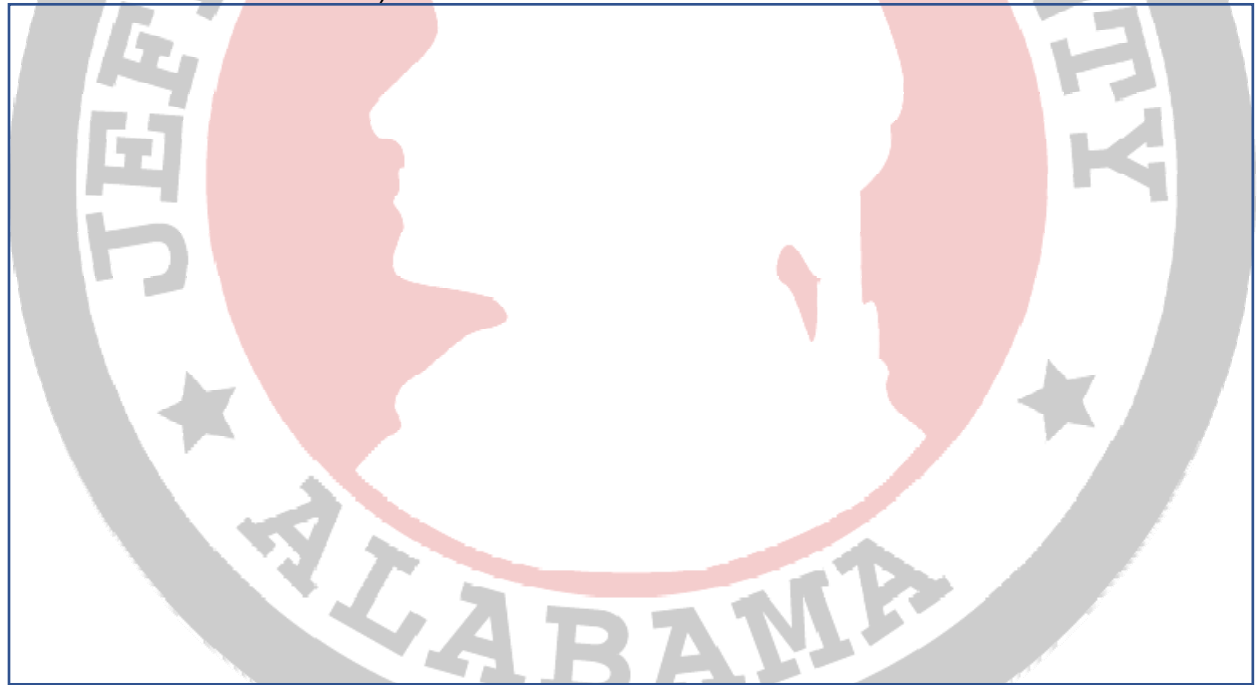
NAME OF INDIVIDUAL, BUSINESS, ASSOCIATION, ORGANIZATION, ET CETERA

PLEASE STATE WHETHER INDIVIDUAL, PROPRIETORSHIP, PARTNERSHIP, CORPORATION, OR ORGANIZATION.

TAX TYPE OR BUSINESS LICENSE: _____ ACCOUNT NUMBER: _____

JEFFERSON COUNTY SALES, SPECIAL SALES, SALES USE, SPECIAL SALES USE, CONSUMER USE, SPECIAL CONSUMER USE, LODGINGS,
ALCOHOLIC BEVERAGE, BEER, WINE, MOTOR-FUEL, TV FRANCHISE, TOBACCO, CAR RENTAL, OTHER OR BUSINESS LICENSE

SAID AMOUNT OF TAX(ES) OR LICENSE(S) ERRONEOUSLY PAID BY REASON OF THE FOLLOWING
FACTS (TO ASSIST IN MAKING A DETERMINATION, SUPPORTING DOCUMENTATION, OR EXPLANATION MAY BE
ADDED BELOW AND/OR ATTACHED):



I/WE HEREBY REQUEST A REFUND FOR THE PERIOD AND AMOUNT STATED ABOVE BE APPROVED
ON THIS THE _____ DAY OF _____, 20_____.

PRINTED TITLE (CFO, CEO, ACCOUNTANT, ETC.) & NAME OF PETITIONER

SIGNATURE OF PETITIONER OR AGENT

POSTMARK DATE / EMAIL DATE

PHONE NUMBER AND/OR EMAIL ADDRESS

DEPARTMENT DENIED/APPROVED DATE

Petitioner may create copies as needed.

Form: TLED Refund Petition (Jul-2022)