

**CITY OF TUSCALOOSA
REVENUE DEPARTMENT
PETITION FOR REFUND**

CLEARLY PRINT OR TYPE ALL INFORMATION

BUSINESS NAME		CITY ACCOUNT NUMBER	
PETITIONER'S NAME		STATE TAX ID NUMBER	
PHYSICAL ADDRESS		FEDERAL ID NUMBER	
CITY	STATE	ZIP CODE	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER		FAX NUMBER	

REFUND TYPE *(Check all that apply and list below)*

<input type="checkbox"/> SALES TAX	<input type="checkbox"/> BUSINESS LICENSE
<input type="checkbox"/> USE TAX	<input type="checkbox"/> OTHER _____

TAX PERIOD	AMOUNT OF CLAIM <i>(If Known)</i>
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REASON FOR THIS PETITION FOR REFUND (ATTACH VERIFICATION)

PERSON TO CONTACT REGARDING THIS PETITION	PHONE NUMBER
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I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.

PETITIONER'S SIGNATURE	DATE
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**MAIL COMPLETED FORM TO:
CITY OF TUSCALOOSA
REVENUE DEPARTMENT
P. O. BOX 2089
TUSCALOOSA, AL 35403**