



Petition for Refund

Revenue Division

CLEARLY PRINT OR TYPE ALL INFORMATION

Business Name		City Account Number	
Petitioner's Name		State Tax ID Number and/or Federal ID Number	
Physical Address of Business			
City	State	Zip Code	
Mailing Address			
City	State	Zip Code	
Phone Number		Email Address	
Refund Type (Check all that apply and list below)			
Sales Tax		Business License	
Use Tax		Other _____	
Tax Period		Amount of Claim (If Known)	
Reason for this Petition for Refund (Attach Verification)			
Person to Contact Regarding this Petition		Phone Number/Email	
<i>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.</i>			
Petitioner's Signature		Date	
Mail completed form to: City of Tuscaloosa, Revenue Division PO Box 2089 Tuscaloosa, AL 35403		Email completed form to: RevenueOffice@Tuscaloosa.com	