DR 0137 (02/21/06)
COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER CO 80261
(303) 238-SERV (7378)

CLAIM FOR REFUND

(Do not use for income tax refund)

- The vendor's fee, which was retained when the tax was remitted to the Department, will be deducted from all sales tax refund claims.
- If possible, instead of submitting a claim for refund to the Department, deduct the overpaid taxes on your next tax return or obtain the refund from the seller who collected the tax.
- Submit claim for each type of tax (e.g. state sales, RTD/CD/FD, city sales, county sales, etc.)
- Periods can be combined if consecutive for each type of tax.
- Submit white copy. Retain yellow copy for your records.

Refund to be made payable to, and mailed to (If this is different from the name and address on the Department records for the account number(s) used, provide explanation and notarized power of attorney specific to this refund claim for the action.)

Taxpayer Name		
Taxpayer DBA (if applicable)		
Mailing Address		
City	State	ZIP
Social Security Number	FEIN	

Colorado Department of Revenue Account Number	Type of Tax	Period (mo/yr - mo/yr)
Original Amount Paid	Correct Amount	Refund Requested

Reason (Explain below or on a separate sheet of paper if needed). All supporting documentation must be attached.

I declare under penalty of perjury in the second degree that this claim including all attachments is to the best of my knowledge true and correct.
I further understand that the claim and documentation may be subject to the same verification process used by the Department of Revenue in auditing other taxes for three years from the date of payment of the claim. [13-80-101 (1)(m) C.R.S.]

Taxpayer Signature (this line must be signed by an officer, partner, or owner of the firm claiming the refund)		
Title	Telephone	Date
Signature of Preparer (if other than taxpayer)		
Name of Firm	Telephone	Date

FOR DEPARTMENT OF REVENUE USE ONLY. Do not write in this section.

Comments