#### INSTRUCTIONS

If you feel you are entitled to a refund of overpayment of taxes and/or penalties paid under Revenue and Taxation Code Section 5096, et seq, you are required to complete this form and file it with the Clerk of the Board of Supervisors. You MUST pay your taxes and/or penalty prior to filing this claim. Once you have completed this form, mail or personally deliver it and all relevant evidence to:

Clerk of the Board of Supervisors ATTN: Claims Division 400 W. Civic Center Drive, 6<sup>th</sup> Floor Santa Ana, CA 92701

#### Section 1 - Name and Mailing Address of claimant

- Type or print the name of the claimant, the agent or attorney (if applicable) and the mailing address you want all correspondence mailed.
- Provide a telephone number where you can be easily reached if there is a question about your claim.
- Be sure to select the type of claim you are requesting: Claim for Refund for Overpayment of Taxes Paid OR Claim for Refund of Penalties for Late Payment of Taxes Paid.

#### Section 2 – Refund of Overpayment of Taxes Paid Only

If you are requesting a Refund of Overpayment of Taxes paid, you must complete this section.

- Check the box(es) that apply
- Check the appropriate box for the type of refund (partial or full)

NOTE: If you are challenging an Assessment Appeals Board decision and you checked "Yes" on box 8 of your assessment appeal form you are not required to submit this form. You may proceed to Superior Court for further action.

### Section 3 – Refund of Penalties for Late Payment of Taxes Paid Only

If you are requesting a Refund of Penalties paid, you must complete this section.

• Check the box in this section

## Section 4 – Reference Appeal No., Assessor's Parcel Number(s), Tax Year & Claim Amount

- Be sure to properly identify the affected property associated with your claim, including appeal No(s) if applicable
- Provide the Assessor's Parcel Number (APN) which is available on all correspondence from the Assessor and Tax Collector and/or the Tax Bill Assessment Number
- Fill in tax years and amount of claim. Be sure to break down total claim amount by parcel and tax year.
- If you will be submitting additional documentation with your claim, check the "Backup Documentation is provided" box
- Be sure to adequately identify your reason(s) for filing this claim and include ALL evidence to support your claim.

#### **Signature**

Once you have finalized and printed your claim, be sure to sign under penalty of perjury and return the completed form and accompanying documentation to the Clerk of the Board at the address shown above. All claims must be signed by the claimant or claimant's agent. If signed by the Claimant's agent, be sure to print your name clearly. Signatures should be in blue ink to easily identify original claims.

If you have any questions, contact the Clerk of the Board at (714) 834-2206.



# **Clerk of the Board of Supervisors** CLAIM FOR REFUND OF TAXES AND/OR PENALTIES PAID

(Internal Use Only)

(Revenue & Taxation Code Sec 5096, et seq)

**Robin Stieler** Clerk of the Board 400 W. Civic Center Drive, 6th Fl. www.ocgov.com/gov/cob/forms (714) 834-2206

Please type or print clearly and sign in Blue Ink

Santa Ana, CA 92701		Please	type or print clear	ly and sign in Blue Ink			
Section 1: Nan	ne and Mailing A	ddress of claimant					
Claimant Name:							
	(First)	(MI)	(Last)				
Agent Name:	(TI)	200					
(If applicable)	(First)	(MI)	(Last)				
Mailing Address:	(Street Address /PO Box)		(11.:4)	_			
	(Street Address /PO Box)		(Unit)				
	(City)	(State)	(Zip)				
Phone No.:	(	Email.:					
	Refund for Ov	cornayment of Taxes Paid Cot	o section ?				
Check 1 box ONLY:  Refund for Overpayment of Taxes Paid - Go to section 2  Refund of Penalties for Late Payment of Taxes Paid - Go to section 3							
Section 2: Refund for Overpayment of Taxes Paid:							
☐ I disagree wit	h the decision of the As	sessment Appeals Board. Enter t	he Application Number	in <b>Section 4</b> below			
☐ I disagree with the decision of the Assessment Appeals Board. Enter the Application Number in <b>Section 4</b> below ☐ I overpaid my taxes on the above referenced property.							
	d OR  Full Refund	* * *					
			<b></b>				
Go to Section 4 F	Referenced Assessor's F	Parcel Number(s) or Assessment	Number(s)				
☐ Penalty was a	applied in error on the be	For Late Payment of Taxon elow referenced Assessor's Parcel Assessor's Parcel Number(s) or A	el No. or Assessment N	0.			
Section 4: Ref	ferenced Assessor	's Parcel Number(s) or A	Assessment Numb	per(s):			
No. Assessment	Appeal No. (if applicable)	Parcel (APN)/Assessment No.	Tax Year	Claim Amount: (\$)			
1							
2							
3							
5							
Backup Docum	nentation is provided	Total Claim Amount: \$		_ More properties			
Reason for Clain	n for Refund:						
I certify under pena	lty of periury that the fo	oregoing is true and correct					
			day of	20			
Executed at:	location	, tms	uay oi,	ΔU			
Print Name			Signature				
Reason for Clain certify under pena	n for Refund:	oregoing is true and correct, this	day of				
Print Name			Signature				

(Internal	l Use	On!	ly)

No.	Assessment Appeal No. (if applicable)	Parcel (APN) / Assessment No.	Tax Year	Claim Amount: (\$)
nice of co.co			one was any and was the mad the standard that the time that the time and one and time and	