INSTRUCTIONS

If you feel you are entitled to a refund 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 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
333 W. Santa Ana Blvd.
Suite 465
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 telephone numbers 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 Property Taxes Only

If you are requesting a refund of Property 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)
- Be sure to adequately identify your reason(s) for filing this claim and include ALL evidence to support your claim.

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 Penalty(ies) for Late Payment of Taxes 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
- 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.

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

(Revenue & Taxation Code Sec 5096, et seq)

(Internal Use Only)

Susan Novak
Clerk of the Board
333 W. Santa Ana Blvd., Suite 465
Santa Ana, CA 92701

www.ocgov.com/cob/default.asp
(714) 834-2206

Please type or print clearly and sign in Blue Ink

Section 1: Name and Mailing Address of claimant

Claimant Name: _____
(First) *(MI)* *(Last)*

Agent Name: _____
(If applicable) *(First)* *(MI)* *(Last)*

Mailing Address: _____
(Street Address /PO Box) *(Unit)*

_____
(City) *(State)* *(Zip)*

Phone No. : (_____) _____ - _____ Email.: _____

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 with the decision of the Assessment Appeals Board. Enter the Application Number in **Section 4** below

☐ I overpaid my taxes on the above referenced property.

☐ Partial Refund ☐ Full Refund

Go to Section 4 Referenced Assessor's Parcel Number(s) or Bill Number(s)

Section 3: Refund of Penalties for Late Payment of Taxes Paid:

☐ Penalty was applied in error on the below referenced Assessor's Parcel No. or Bill No. (Section 4).

Go to Section 4 Referenced Assessor's Parcel Number(s) or Bill Number(s)

Section 4: Referenced Assessor's Parcel Number(s) or Bill Number(s):

No.	Appeal No.	Property ID / Assessment No	Tax Year	Claim Amount: ($)
1				
2				
3				
4				
5				

☐ Backup Documentation is provided Total Claim Amount: $ $0.00 ☐ More properties

Reason for Claim for refund: _____

I certify under penalty of perjury that the foregoing is true and correct.

Executed at: _____ , this _____ day of _____, 20___

_____ _____
Print Name *Signature*

(Internal Use Only)

No.	Appeal No.	Property ID / Assessment No	Tax Year	Claim Amount: ($)

More properties