

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

*CLEARLY PRINT OR TYPE ALL INFORMATION*

<b>BUSINESS NAME</b>		<b>CITY ACCOUNT NUMBER</b>	
<b>PETITIONER'S NAME</b>		<b>STATE TAX ID NUMBER</b>	
<b>PHYSICAL ADDRESS</b>		<b>FEDERAL ID NUMBER</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>MAILING ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>	
<b>REFUND TYPE</b> <i>(Check all that apply and list below)</i>			
<input type="checkbox"/> <b>SALES TAX</b>		<input type="checkbox"/> <b>BUSINESS LICENSE</b>	
<input type="checkbox"/> <b>USE TAX</b>		<input type="checkbox"/> <b>OTHER</b> _____	
<b>TAX PERIOD</b>		<b>AMOUNT OF CLAIM</b> <i>(If Known)</i>	
<b>REASON FOR THIS PETITION FOR REFUND (ATTACH VERIFICATION)</b>			
<b>PERSON TO CONTACT REGARDING THIS PETITION</b>		<b>PHONE NUMBER</b>	
<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>			
<b>PETITIONER'S SIGNATURE</b>		<b>DATE</b>	

**MAIL COMPLETED FORM TO:  
CITY OF TUSCALOOSA REVENUE DIVISION  
P. O. BOX 2089 TUSCALOOSA, AL 35403**