

CITY OF OAKLAND



150 FRANK H. OGAWA PLAZA, SUITE 5342 • OAKLAND, CALIFORNIA 94612
Finance & Management Agency (510) 238-3084
Revenue Division TDD (510) 238-3254

Date: _____

REQUEST FOR REFUND

Business Tax Account # _____

I, _____, taxpayer or other person determined to be liable for the tax or said person's guardian or conservator, hereby request for a refund in the amount of \$_____ from the above business tax account for the following reason:

Supporting documentation establishing the validity of this claim is attached to this claim form: Yes [] No []

A VALID CLAIM MUST INCLUDE SUPPORTING DOCUMENTATION.

Submission of claim is filed with the Director of Finance within the specific time periods from the date the tax was paid and in accordance to Oakland Municipal Code Section 5.04.540.

Authorized Signature (as defined per OMC 5.04.540(C))

Address

Phone number

Mail Request to:

City of Oakland
FMA – Revenue Audit Section
150 Frank Ogawa Plaza, Suite 5342
Oakland, CA 94612

For further assistance and information, please visit the City's website at www.oaklandnet.com and select "Municipal Code" (Title 5 Business Taxes, Permits and Regulations, Chapter 5.04 Business Taxes Generally).