

CITY OF OAKLAND



250 FRANK H. OGAWA PLAZA, SUITE 1320 • OAKLAND, CALIFORNIA 94612  
Finance & Management Agency (510) 238-3704  
Revenue Division (510) 238-7128  
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))

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Address

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Phone number

Mail Request to:

City of Oakland  
Business Tax Section  
250 Frank Ogawa Plaza, Suite 1320  
Oakland, CA 94612

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