



CLERK, BOARD OF SUPERVISORS

CLAIM FOR REFUND OF TAX PAYMENTS OR DISPUTE OF ASSESSED PENALTIES BEFORE THE HEARING OFFICER

(Revenue & Taxation Code Sec 5096, Et Seq. and Alameda County Administrative Code section 2.116.060)

Claim must be **filed in duplicate** and returned to: **Assessment Appeals Unit, Attn: Claim for Refund**
1221 Oak Street, Suite 536, Oakland, CA 94612

- 1) **Taxes must be paid prior to filing a claim for refund.** Please attach a copy of your tax bill and proof of payment with this form.
- 2) If filing to **dispute assessed penalties** for failure to file a Change of Ownership Statement, please be informed that the penalties will continue to compound until the matter is resolved. It is recommended that taxes be paid prior to filing.
- 3) If filing a **Cancellation or Refund of Delinquent Penalty** for failure to pay your taxes timely, you must **contact the Tax Collectors at (510) 272-6800 for the appropriate form.**
- 4) **File one claim per parcel number/per fiscal year.**

(Please type or print clearly using **Blue Ink**)

Claimant Name (Last/First/Middle): _____

Mailing Address (Street Address/City/State/Zip): _____

Work Phone: _____ **Home Phone:** _____ **Email:** _____

Property Address: _____

Assessor's Parcel Number: _____ **Date of Tax Payment (if applicable):** _____

Account Number: _____

Tracer/Account Number listed on the tax bill sought to be refunded: _____

I am filing the following type of appeal (*check only one*):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Parent/Child Exclusion | <input type="checkbox"/> Other Ownership Transfers | <input type="checkbox"/> Base Value Transfers | <input type="checkbox"/> Doc. Transfer Tax |
| <input type="checkbox"/> Homeowner Exemption | <input type="checkbox"/> Other Exemption | <input type="checkbox"/> Overpayment of Taxes | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Possessory Interest (non-value) | <input type="checkbox"/> Cancellation of Penalty for Failure to File Change of Ownership Statement | | |
| <input type="checkbox"/> Legal Entity Ownership Program (LEOP) <i>Date of LEOP Notice</i> _____ | | | |

I request a **Refund of Taxes** in accordance with this application for:

Fiscal Year: _____ **in the amount of \$** _____

I (we) claim that the: Whole Assessment Partial Assessment for the year as shown above is void for the following reason(s): _____

(Please use the reverse side of this form if additional space is needed to state your reason(s). You may also attach supportive documents.)

I state under penalty of perjury of the State of California that the foregoing is true and correct to the best of my knowledge and that I am (CHECK ONE): the person who paid the tax; the executor of the person who paid the tax; the administrator of the person who paid the tax; the guardian of the person who paid the tax; the person who is disputing the assessed penalty. If the person who paid the tax is a legal entity, I am an officer of that entity duly and legally authorized to execute this document on behalf of the entity and my title is _____, executed on this date _____ in the County of _____, State of _____

Print Name: _____ **Signature:** _____ **Date:** _____