

CHARLES COUNTY MARYLAND

TREASURY DIVISION
P.O. BOX 2607
LA PLATA, MD 20646

CLAIM FOR REFUND OF TAX ERRONEOUSLY PAID TO CHARLES COUNTY

INSTRUCTIONS

This form is to be used when taxpayer requests a refund of special taxes erroneously paid to Charles County, Maryland.

SECTION 1 This section will be filled out by the taxpayer in duplicate and submitted to the County.

SECTION 2 This section will be filled out by the Chief of Treasury for approval/denial of the claim, prior to refund authorization once all facts set forth in the claim have been verified and certified to by the Chief of Treasury.

SECTION 3 If approved, this section will be used by the Chief of Treasury to authorize processing of a refund check.

SECTION 1 Date: _____ 20 _____

TO: Chief of Treasury

In accordance with provisions of the Annotated Code of Maryland, application is hereby made by:

Name: _____

Address: _____

for a refund of payment in the amount of _____ dollars,
(\$ _____), erroneously paid to your office.

(Give below date of payment and nature of tax for which refund is requested, reason for requesting refund, and other information pertinent to claim. Receipt or legible copy issued by Treasury Division on tax claimed to be erroneously paid should be attached hereto.)

(Signature of Claimant)

SECTION 2 APPROVAL OF CLAIM

Charles County, Maryland Date _____ 20 _____

The facts set forth in the above claim have been verified by me and I hereby certify that the claimant is entitled to a refund in the amount of _____ dollars, (\$ _____).

(Title of County Official)

(Signature of County Official)

SECTION 3 AUTHORIZATION FOR REFUND

TO: Accounts Payable Authorization Number _____
Date _____ 20 _____

Pursuant to the foregoing claim and approval thereof, please issue a refund of the above claim as approved.

Eric L. Jackson, Chief of Treasury