



CLAIM FOR REFUND

TOWN OF FRISCO
PO Box 4100, 1st & Main St.
Frisco, CO 80443
(970) 668 – 9127
soled@townoffrisco.com

- Sales Tax
- Lodging Tax
- Medical Marijuana Tax
- STR Excise Tax
- Bag Fees
- Retail Marijuana Tax
- Franchise Fee

PLEASE PRINT:

Licensed Taxpayer Claims – (Claims filed by taxpayers licensed with the Town of Frisco.)

Name of Claimant _____ Ph. # () _____

Contact Person _____

Address _____
PO Box / Street City State Zip

Amount of Claim for Refund \$ _____ Tax Paid \$ _____

Period(s) Being Claimed: _____ Tax Paid on Account # _____

3rd Party Claims – (Claims filed by purchasers not licensed with the Town of Frisco)

Must be filed within 60 days of transaction resulting in overpayment of tax – see instructions

Name of Claimant _____ Ph. # () _____

Contact Person _____

Address _____
PO Box / Street City State Zip

Amount of Claim for Refund \$ _____ Tax Paid \$ _____

Tax Paid to: _____ Date(s) Tax Paid: _____

Statement of REASON FOR REFUND CLAIM:

I hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge. I understand that making false statements in connection with an application for refund is a violation of the Frisco Town Code and may be punishable by fines not to exceed \$999.00 and/or imprisonment of up to one (1) year.

Signature of Claimant Date

Print Name

OFFICIAL USE ONLY

REFUND AMOUNT APPROVED \$ _____ GL account _____

REFUND AMOUNT APPROVED \$ _____ GL account _____

REFUND AMOUNT APPROVED \$ _____ GL account _____

Payment adjustment made _____ Date _____

Billing adjustment made _____ Date _____

GENERAL INSTRUCTIONS AND INFORMATION

This form should be completed for all claims for refund of Frisco sales tax, bag fees, lodging tax, retail marijuana tax, medical marijuana tax, STR excise tax. The form is also required for claims for refund of franchise fees. Submitting your claim with all of the documentation suggested below will facilitate the processing of your claim. Additional documentation, or verification, may be required after receipt of your claim.

Licensed Taxpayer Claims Require:

- 1) Detailed explanation of how error occurred.
- 2) Copy of invoice(s) and credit memo(s) involved in claim.
- 3) Sales journals that provide sufficient evidence as to how the sales for the period were summarized and that clearly show the total monthly sales total (including the invoice(s) in question) and the amount of tax reported and paid to Town of Frisco.
- 4) Include any other documentation you consider appropriate.
- 5) **Must be filed within 3 years of the transaction resulting in the overpayment of tax.**

3rd Party Claims From Individuals (Customers) Require:

- 1) Copy of original invoice on which Frisco tax was charged.
- 2) Proof of payment of the invoice (receipt, or copy of front and back of canceled check).
- 3) Claims for tax charged on automotive vehicle purchases require return of the motor vehicle receipt (form TD 206) issued by the dealer.
- 4) Include any other documentation you consider appropriate.
- 5) **Must be filed within 60 days of the transaction resulting in the overpayment of tax.**