



DIVISION OF FINANCE

Department of Treasury

Lori L. Depies, CPA, Division Director Diane E. Fox, CPA, Director

To Whom It May Concern:

Attached is a <u>CLAIM FOR REFUND OF TAX ERRONEOUSLY PAID</u> form. According to the Annotated code of Maryland, §14-914, this form must be submitted with all requests for refund. You must also submit a copy of the front and back of the cancelled check along with a letter stating where the refund should be mailed.

Please hold this form as an original and make copies of this form as needed. The law requires an original signature; therefore, no fax copies will be accepted.

Thank you.

Diane E. Fox, CPA Director of Treasury

CLAIM FOR REFUND OF TAX ERRONEOUSLY PAID

| SECTION 1 | | Date: | ,20 | |
|--|---|--|----------------------------|--|
| TO: | Office to which erroneous paymo | ent was made) | | |
| | (Address) | | | |
| | h the provisions of Subtitle 9 of application is hereby made by | f Title 14 of the Tax – Property: | Article of the Annotated | |
| 1 | Name: | | <u> </u> | |
| 2 | Address: | | | |
| I | Phone #: | | | |
| for refund of paym | ent in the amount of | | | |
| Dollars (\$ | erroneously paid to yo | our office. | | |
| S 1-201 of the Tax - Proper | | firms, under the Penalties of per his claim for Refund of Tax Err | | |
| | | (Signature of | Claimant) | |
| SECTION 2 | APPROVAL OR Γ | APPROVAL OR DENIAL OF CLAIM | | |
| SECTION 2 | s=- | | 20 | |
| (City or County) | , Maryland | Date: | , 20 | |
| | o refund in the amount of | erified by me and I hereby certi | | |
| (Title of Official) | | (Signature of Official) | | |
| SECTION 3 | <u>AUTHORIZATION</u> | N FOR REFUND | | |
| | , Maryland | Authorization # Date: | | |
| (City or County |) | Date: | , 20 | |
| Pursuant to the foregoing the amount approved above. | | thority is hereby granted to issu | ie a refund to claimant in | |
| | | | | |