

# Application for Tax Refund Overpayments or Erroneous Payments

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Collection Office Name

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Phone (area code and number)

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Address, City, State, ZIP Code

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Collecting Tax For (taxing units)

**GENERAL INSTRUCTIONS:** This application is for use in requesting a tax refund pursuant to Tax Code Section 31.11 and Comptroller Rule 9.3039. To apply for a tax refund, the taxpayer or representative must complete Steps 1 through 4 of this application. The refund check will be made payable to the taxpayer and mailed to the taxpayer address provided below.

**FILING INSTRUCTIONS:** This document and all supporting documentation must be filed with the tax collector of the taxing unit for which you are requesting a refund. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for county tax offices may be found on the Comptroller's website.

## SECTION 1: Taxpayer Information

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Name of Taxpayer

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Phone (area code and number)

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Email Address\*

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Mailing Address, City, State, ZIP Code

## SECTION 2: Authorized Representative

Provide the information below if an agent has been appointed under Tax Code Section 1.111 to represent the taxpayer for tax matters. Attach a completed and signed Form 50-162, *Appointment of Agent for Property Tax Matters*, if the form has not been filed with the county appraisal district. Individual taxpayers handling tax matters on their own behalf skip to section 3.

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Name of Authorized Representative

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Title of Authorized Representative

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Phone (area code and number)

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Email Address\*

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Mailing Address, City, State, ZIP Code

## SECTION 3: Property Information

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Appraisal District Account Number

OR

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Tax Receipt Number

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Location Address, City, State, ZIP Code

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Legal Description (or attach copy of the tax bill or tax receipt)

**SECTION 4: Tax Payment Information**

Complete the tax payment information requested below for each taxing unit from which refund is requested. A separate document containing the same information may be attached for additional taxing units, if necessary.

Name of Taxing Unit From Which Refund is Requested	Year for Which Refund Is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$

Taxpayer's Reason for Refund (*attach supporting documentation*)

**SECTION 5: Taxpayer Signature**

I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.

**print here** ➔

Print Taxpayer Name

**sign here** ➔

Taxpayer Signature

Date

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code, §37.10.

**FOR COLLECTOR USE ONLY**

**SECTION 6: Tax Refund Determination**

This tax refund is  Approved  Disapproved

**print here** ➔

Print Name and Title

**sign here** ➔

Authorized Officer

Date

**print here** ➔

Print Name and Title

**sign here** ➔

Collector(s) of Taxing Unit(s) for Refund Applications Over (insert amount for which governing body approval is required under Tax Code Section 31.11)

Date

If the collector does not respond to this application on or before the 90th day after the date the application form is filed with the collector, this application is presumed to have been denied. The taxpayer may file suit against the taxing unit in the district court to compel payment of the refund if it is filed not later than the 60th date after the collector denies the application.

An email address of a member of the public could be confidential under Government Code Section 552.137; however, by including the email address on this form, you are affirmatively consenting to its release under the Public Information Act.