



APPLICATION FOR REFUND OR CREDIT

IMPORTANT: Applications not fully completed or received without supporting documentation will not be accepted.

City of Bellevue account number	Periods covered by claim	Total refund claimed
Name of taxpayer (legal entity name)		Phone
Name of representative – (Attach a <i>Confidential Taxpayer Information</i> form if filing on behalf of claimant)		Phone

If approved, please provide the following information for refund issuance

Address for check – Attn.

City	State	Zip
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Provide a full explanation on which your claim is based. Use additional sheets if necessary and provide all necessary documents to substantiate your claim.

Subject to penalty, I declare that the information provided is true, correct and complete. I do hereby make application for refund or credit pursuant to BCC 4.03.100 and certify that all taxes for which this claim is filed have been paid.

Customer or representative signature _____ Date _____

Print Name _____

Email _____

Please email your completed application with supporting documentation to tax@bellevuewa.gov or via mail to:

City of Bellevue Tax Division
PO Box 90012
Bellevue, WA 98009-9012

OFFICE USE ONLY

Approved: Yes No Date _____ By _____

Instructions for completing the APPLICATION FOR REFUND OR CREDIT

1. Who should complete this form?

A business who is claiming a refund or credit to their account for overpaid City of Bellevue business taxes.

2. What information needs to be included on the application form?

All applicable sections must be fully completed, or the application will not be accepted. If a claim is being filed for more than one tax registration account a separate form must be filed for each account. The claim must include the following information:

- taxpayer name, Bellevue account number, address information, and phone number
- representative name and phone number (Confidential Taxpayer Information Authorization form must be included for third-party representatives)
- address to use for mailing the refund
- total amount of refund claim
- period of claim
- basis for the claim
- signature of taxpayer or representative

3. What documentation must be attached to this form to support this claim?

Please provide copies of original filed returns, amended returns, and workpapers supporting the adjustments made to arrive at the amended return amounts. Supporting documentation may include:

- invoices:
- proof of credit or refund to customer:
- detail of bad debts:
- contracts and other sales documents:
- leasing documents:
- apportionment calculation worksheets.

4. What will happen if this form is not fully completed or the supporting documentation is not included?

You will be notified that your application was not accepted.

5. What tax periods can be included in the claim?

BCC 4.03.100 provides that a refund or credit cannot be made for taxes, penalties, or interest paid more than four years prior to the beginning of the calendar year in which the refund for application is made, unless a valid written waiver has been executed.

6. What if my records to substantiate the claim contain too many pages to attach them all?

You may provide a detailed spreadsheet containing the transaction information to support your claim.

7. What if my company is currently under audit by the tax division of the City of Bellevue?

Present the completed application with supporting documentation to the auditor.

8. What if I have questions about my claim?

You may call the tax division main tax line at 425-452-6851 or email to: tax@bellevuewa.gov.


9. Where do I send this form and supporting documents once it is completed?

Via email to: tax@bellevuewa.gov or via mail to: City of Bellevue

Tax Division
PO Box 90012
Bellevue, WA 98009-9012

Refunds take approximately 6-10 weeks to process.

We may contact you for additional information during that time.

 For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitleVI@bellevuewa.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.

Interprète **Interpreter** Interprete
दुभाषिया **Thông Dịch Viên**
مترجم **المترجم الفوري**
通訳 **Переводчик**
通訳 翻译员 **통역사**
翻譯員 **425-452-6800**

