



ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES – BUSINESS TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA 95201 • (209) 937-8313
www.stocktongov.com

REQUEST FOR REFUND

Customer/Business Name _____

Business Address _____
Number & Street City State Zip code

Mailing Address _____
Number & Street City State Zip code

Telephone _____ Acct./Busn No. _____ Control _____

Amount Paid _____ Date _____ Receipt No. _____

Refund Amount Requested _____

Reason for Refund Request _____

I Certify under penalty of perjury that the information provided is true and correct.

Signature of Business/Account Owner _____ Date _____

Print Name _____

BELOW THIS LINE FOR OFFICE USE ONLY

Request Reviewed/Verified By _____ Date _____
Employee Signature

Amount Due to Customer/Business _____

Batch No. _____ Account No. _____
Trust Accounts – Forward to Accounting for Approval

Approved By _____ Date _____

Second Level Approval _____ Date _____
Department Head/Finance Officer Signature

Note: Refund might be subject to a processing fee - 10% of refund total (not to exceed \$25.00)
Refunds over \$500 require second level approval.