

CITY OF SAN JOSE
REVENUE MANAGEMENT, FINANCE
REAL PROPERTY CONVEYANCE TAX REFUND CLAIM
200 East Santa Clara Street, 4th Floor Tower, San Jose, CA 95113-1905

Before completing this form, please read the instructions on the attached page. Please note that there is information to be completed on the reverse side of this form. *If you are filing this claim prior to September 13, 2006, you have three years from the date of payment to submit this form and supporting documentation. If you are filing this claim on or after September 13, 2006, you have one year from the date of payment to submit this form and supporting documentation.*

1. CLAIMANT INFORMATION

NAME _____

MAILING ADDRESS _____

BUSINESS ADDRESS _____

TELEPHONE _____

2. OWNERSHIP INFORMATION

OWNERSHIP Individual Partnership Corporation LLC
 Other (please specify) _____

3. BASIS OF CLAIM

Please complete Attachment A to this Claim Form. State all facts and circumstances that support your claim for tax refund. If you believe that you are exempt from payment of the tax, please identify the particular exemption.

4. SIGNATURE OF CLAIMANT

I declare under penalty of perjury that the foregoing is true and correct. The undersigned is the taxpayer or the taxpayer's guardian, conservator, executor or administrator. I am not an agent or the taxpayer's attorney.

Signature of Claimant or Representative Date

Print Name Title/Relationship to Claimant

Check if representative

For Finance Department Use Only

Reason for Refund Request: _____
SJMC 4.58. _____ Council District No. _____ Vis Code _____
Vendor No. _____ Case Collection Batch # _____ Batch Date _____
Approved _____

(Director of Finance)

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ATTACHMENT A
REQUEST FOR REFUND
REAL PROPERTY CONVEYANCE TAX

1. RECORDING REFERENCE OR DOCUMENT:

- A. Assessor Parcel Number (APN#) _____
- B. Property Address _____
- C. Type of Document Recorded (attach copy) _____
- D. Document Number _____
- E. Date Recorded _____

2. REASONS FOR REFUND REQUEST:

Please check the applicable choice and provide necessary documents. On an attached sheet, please provide an explanation as to why the particular exemption applies.

- _____ SJMC 4.58.040, Exemption, Security for debt. (Copy of security agreement, deed of trust of promissory note)
- _____ SJMC 4.48.045, Exemption, Court-ordered foreclosure. (Enclose copy)
- _____ SJMC 4.48.050, Exemption, Instruments in lieu of foreclosure. (Enclose copy of in-lieu of foreclosure agreement/deed)
- _____ SJMC 4.58.055, Exemption, Loans cosigned by family members, reconveyance of real property from a family member who obtains legal interest in the property solely to satisfy a lender's requirement; and the property is the principal residence of the transferee. (Enclose copy of original/previous grant deed)
- _____ SJMC 4.58.060, Exemption, Instrument to United States. (Enclose copy)
- _____ SJMC 4.58.070, Exemption, Plans of reorganization or adjustment. (Enclose bankruptcy order issued by court)
- _____ SJMC 4.58.080, Exemption, Securities and Exchange Commission order. (Enclose copy)
- _____ SJMC 4.58.085, Exemption, Domestic Partners, who have a current Declaration of Partnership on file with the California Secretary of State. (Enclose a **certified** copy)
- _____ SJMC 4.58.090, Exemption, Partnerships. (Enclose original and current partnership agreements)
- _____ SJMC 4.58.095, Exemption, Decree of dissolution of property settlement. (Enclose a copy of divorce documents)

- _____ Other (please explain). Attach additional sheets as necessary and supporting documentation.

3. COMPUTATION OF REFUND REQUEST:

- A. Real Property Conveyance Tax paid to County Recorder's Office (attach receipt) \$ _____
- B. Total Consideration/Value — including amount of loan(s) assumed (attach documentation) \$ _____
- C. Real Property Conveyance Tax due on 3(B) \$ _____
- D. Amount of Refund \$ _____

COMPLETED CLAIMS FOR TAX REFUND AND SUPPORTING DOCUMENTATION MUST BE FILED WITH: CITY OF SAN JOSE, REVENUE MANAGEMENT, FINANCE, 200 E. SANTA CLARA STREET, 4th FLOOR TOWER, SAN JOSE, CA, 95113-1905.

INSTRUCTIONS FOR FILING A CLAIM FOR TAX REFUND (CHAPTER 4.82 AND 4.58 OF THE SAN JOSE MUNICIPAL CODE)

Failure to complete all sections of the claim form could delay the processing of your claim and could result in the return or denial of your claim. *Please note the deadline for submission of the claim on the front page of the Claim Form. Untimely claims will be returned.*

- 1. Claimant's Information**— Complete all of the information required in this section. ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO THE BUSINESS OR PERSON LISTED AT THE *MAILING ADDRESS*.
- 2. Ownership** — Check the appropriate box to indicate whether the business is owned and operated by an individual, or is a partnership, corporation, limited liability company (LLC) or other legal entity. If you check the box "Other", specify in the space provided the type of business entity and the jurisdiction where the entity was formed.
- 3. Basis of Claim** — Please complete the information and provide the documentation required in Attachment A to support your claim that the tax was overpaid, paid more than once or was erroneously or illegally collected or received by the City of San José.
- 4. Signature of Claimant or Representative** — Please sign and date. Print name of signatory, and the position, title or other relationship to claimant. The claim must be signed by the taxpayer the taxpayer's guardian, conservator, executor or administrator. No other agent, including the taxpayer's attorney, may sign a tax refund claim. The City will not accept the claim without the original signature. (A photostatic or facsimile copy will not be accepted.) If the signatory is the guardian, conservator, executor or administrator, the City may require proof of such relationship before processing any refund.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (CALIFORNIA PENAL CODE SECTION 72).