FREDERICK COUNTY GOVERNMENT
DIVISION OF FINANCE

Erin M. White, CPA, Acting Director

Department of Treasury
Diane E. Fox, CPA, Director

30 North Market Street
Frederick, Maryland 21701

www.FrederickCountyMD.gov

O: 301-600-1111 F: 301-600-2347

Commissioners

Blaine R. Young
President

C. Paul Smith
Vice President

Billy Shreve
David P. Gray
Kirby Delauter

Lori L. Depies, CPA
County Manager

To Whom It May Concern:

Attached is a **CLAIM FOR REFUND OF TAX ERRONEOUSLY PAID** form. According to the Annotated code of Maryland, S14-014, 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 payment was made)

_____
(Address)

In accordance with the provisions of Subtitle 9 of Title 14 of the Tax – Property Article of the Annotated Code of Maryland, application is hereby made by:

Name: _____

Address: _____

Phone #: _____

for refund of payment in the amount of _____ Dollars ($_____) erroneously paid to your office.

(Give below date of payment and nature of tax for which refund is requested, reason for requesting refund and other information pertinent to claim. Receipt, or legible copy thereof, for payment of tax and other evidence of erroneous payment must be attached hereto.)
Parcel #: _____

By Claimant's signature below, Claimant swears and/or affirms, under the Penalties of perjury in accordance with S 1-201 of the Tax – Property Article, that the contents of this claim for Refund of Tax Erroneously Paid are true to the best of Claimant's knowledge, information, and belief.

_____
(Signature of Claimant)

==========

SECTION 2 APPROVAL OR DENIAL OF CLAIM

_____, Maryland Date: _____, 20____
(City or County)

The facts set forth in the above claim have been verified by me and I hereby certify that the claimant is / is not entitled to refund in the amount of _____ Dollars ($_____).

_____ _____
(Title of Official) (Signature of Official)

SECTION 3 AUTHORIZATION FOR REFUND

_____, Maryland Authorization # _____
(City or County) Date: _____, 20____

Pursuant to the foregoing claim and approval thereof, authority is hereby granted to issue a refund to claimant in the amount approved above.

_____ _____
(Title of Official) (Signature of Official)