



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

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 _____

