DR 0137 (08/30/13)

COLORADO DEPARTMENT OF REVENUE
Business Tax Accounting - Room 208
P.O. Box 17087
Denver, CO 80217-0087
(303) 238-SERV (7378)



Claim for Refund

This claim for is for monies remitted directly to the Department of Revenue.

(Do not use for income tax refund)

- For sales and use tax refunds requests please see FYI Sales 90 for instructions.
- For withholding refunds please see FYI Withholding 5 for instructions.
- Claims submitted without proper documentation will be denied.
- The vendor's fee, which was retained when the tax was remitted to the Department, will be deducted from all sales tax refund claims.
- If possible, instead of submitting a claim for refund to the Department, deduct the overpaid taxes on your next tax return or obtain the refund from the seller who collected the tax.
- Submit claim for each type of tax (e.g. state sales, RTD/CD/FD/RTA, city sales, county sales, etc.)
- Periods can be combined if consecutive for each type of tax.
- Submit a copy of this form and keep a copy for your records.
- Interest: If this refund qualifies for interest please provide the interest in the claim and an explanation of how the refund qualifies for interest. See FYI Sales 90 for more information.

qualifies for interest. See F 11 Sales 90) loi illore	mormation	1.			
Refund to be made payable to, and ma	iled to:		1			
(If this is different from the name and add	ress on the	e Departme	ent records for the	account number(s) us	sed, pr	ovide
explanation and notarized power of attorn	ey specific	to this ref	und claim for the a	ction.)		
Taxpayer Last Name	First Name				Middle Initial	
Taxpayer DBA (if applicable)						1
Mailing Address		City			State	Zip
SSN		FEIN (required)			,	
Colorado Department of Revenue Account Number	Type of Tax	Type of Tax		Period (MM/YY - MM/YY)		
				_		
Original Amount Paid	ount		Refund Requested			
Reason (Explanation of the reason for the refund red	quest must b	e entered her	e.) All supporting docu	mentation must be attached	d.	
I declare under penalty of perjury in the sec	ond degre	e that this c	laim including all at	tachments is to the be	st of m	y knowledge
true and correct.			-			
I further understand that the claim and docu	mentation	may be sub	ject to the same ve	rification process used	by the	Department
of Revenue in auditing other taxes for thre	e years fro	om the date	of payment of the	claim. [13-80-101 (1)	(m) C.	R.S.]
Taxpayer Signature (this line must be signed by an o	officer, partne	er, or owner o	f the firm claiming the r	efund)		
Title				Phone Number	Date	€ (MM/DD/YY)
Signature of Preparer (if other than taxpayer)						
Name of Firm			Phone Number	Date	€ (MM/DD/YY) 🚱	
For Den	artment II	se Only	o not write in this	section		
Comments:						