

DOCUMENTARY TRANSFER TAX REFUND CLAIM

To: Sierra County Clerk-Recorder
County of Sierra
100 Courthouse Sq., Rm. 11
P.O. Drawer D
Downieville, CA 95936

**NOTE: PLEASE REFER TO
INSTRUCTIONS ON OPPOSITE SIDE.**

The undersigned, as (1a.) _____ (state representative capacity) of (1b.) _____, the claimant herein, hereby makes this claim for refund of taxes on behalf of the claimant pursuant to California Revenue and Taxation Code § 5096 and 5097 and Sierra County Code 5.16.150 and demands that the County Clerk-Recorder make its order directing the Auditor-Controller of said County to refund to claimant the sum of (2) \$ _____ in documentary transfer taxes collected on (3) _____. In support of said claim, the undersigned states:

- A. Claimant is and at all times herein mentioned was
 a corporation duly organized and existing under the laws of the State of California
 a partnership
 a limited liability company
 a sole proprietorship

Contact information for claimant (or agent)

(4) _____ (street and city),
_____, California. E-mail _____ Telephone _____

- B. The documentary transfer tax was collected for the transfer of real property located at:

(5) _____

On the basis of said transfer, documentary transfer taxes were collected in the amount of (6) \$ _____ and paid by claimant in full. Claimant is entitled to a refund of said taxes (if claim is being made for only a portion of the taxes paid, state the portion) on the ground that: (7) _____

(state basis of claim, such as taxes paid twice, erroneously or illegally collected, overassessment, nonexistent improvements, etc.). (Attach sheet if necessary for #7.)

- C. No refund of said taxes, or any part thereof, has previously been made.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: (8) _____ at _____, California.

Signature of Declarant

Printed Name of Declarant

INSTRUCTIONS FOR FILING REFUND CLAIM

PLEASE SUBMIT A SEPARATE FORM FOR EACH EVENT ON WHICH TRANSFER TAX WAS COLLECTED AND FOR WHICH YOU ARE REQUESTING A REFUND. The form must be completed in its entirety for the County Clerk-Recorder to be able to consider your claim.

1. **a. Nature of agency, executor, attorney, agent, if any, or claimant if no agent.**
 b. Name of claimant or company who paid documentary transfer tax (if 1a. completed)
2. **Indicate amount of refund claimed. (Note: Partial refund may be claimed if issue is consideration or value on which tax was collected)**
3. **Date and document number on which documentary transfer tax was collected. (Can be completed by Recorder staff if refund claim accompanies payment of tax.)**
4. **Complete address of claimant (if agent, can be address of agent).**
5. **Description of property subject to transfer tax [Assessor Parcel Number(s) or address(es) if known is/are sufficient].**
6. **Indicate total documentary transfer tax paid.**
7. **Complete the reasons for refund claim. Attach additional sheets if necessary.**
8. **Person who paid the tax or his or her agent must complete this verification.**

PLEASE COMPLETE FORM ON OPPOSITE SIDE.