



Sales Tax Administration
200 Oak Street, Suite 4000
P.O. Box 1190
Fort Collins, CO 80522-1190
(970) 498-5930
Fax (970) 498-5942

REQUEST FOR REFUND OF SALES TAX

Claimant Information

Name

Mailing Address

City, State, Zip

Phone Number

Amount of Refund Claimed

Reason For Request:

Multiple horizontal lines for providing details on the reason for request.

Provide copies of invoices, receipts, or any other form of proof of sales tax payments to support your claim. Refunds submitted without backup documentation will not be processed.

Signature: Date:

SALES TAX ADMINISTRATION USE ONLY: APPROVED: DATE: AMOUNT: