



**CITY OF MENLO PARK
UTILITY USERS TAX
OVERPAYMENT OF TAX CLAIM FORM**

Per section 3.14.220 – Refunds - of the Utility Users Tax Ordinance, this form is provided to assist taxpayers in making a claim for refund of any tax that has been overpaid, paid more than once, or has been erroneously or illegally collected or received by the Tax Administrator for the City of Menlo Park.

NAME OF TAXPAYER: _____

MAILING ADDRESS: _____

Instructions:

Complete one Supplemental Schedule A for each utility provider for which overpayment of the Electric, Gas, Water Utility Users Tax is claimed.

Complete one Supplemental Schedule B for each communications provider for which overpayment of the Communications Users Tax is claimed.

Transfer the totals from each supplemental schedule to the worksheets below to determine the amount of overpayment refund requested.

Sign this form and submit with all supplemental pages and bill copies to the address below. Claims must be submitted within one year of the date the tax was paid to be considered for refund.

Schedule A Totals – Electric, Gas, Water Utility Users Tax

Utility Provider	Type of Utility	Column C (Tax Paid)	Column D (Tax Due)	Column E Difference (C minus D)
Total – difference between tax paid to all providers less calculated tax due				
Maximum Tax Prepaid to City (if any)				
Refund Claimed – Total – difference between tax paid to all providers and tax prepaid to City less calculated tax due				

Schedule B Totals – Communications Users Tax

Communications Provider	Type of Communications	Column C (Tax Paid)	Column D (Tax Due)	Column E Difference (C minus D)
Refund Claimed - Total – difference between tax paid to all providers less calculated tax due				

I declare under penalty of perjury under the laws of the State of California that the above information and all attachments to this form are to the best of my knowledge true and accurate representations of the overpayment of tax listed herewith.

Date: _____ **Signed:** _____

Phone: _____ **Print Name/Title :** _____

MAIL TO: CITY OF MENLO PARK ATTN: TAX ADMINISTRATOR 701 LAUREL STREET MENLO PARK, CA 94025-3469
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**CITY OF MENLO PARK
UTILITY USERS TAX
OVERPAYMENT OF TAX CLAIM FORM
SUPPLEMENTAL SCHEDULE - A
ELECTRIC, GAS, WATER UTILITY**

NAME OF TAXPAYER: _____

SERVICE ADDRESS: _____

Note: A service user with more than one meter or billing invoice per utility service at a single contiguous location may combine all billings for purposes of calculating the overpaid tax amount.

Name of Utility Provider: _____
(one provider per form)

Type of Utility: Electric Gas Water

A	B	C	D	E
Date Utility Bill Paid	Utility Bill Amount (tax not included)	Tax Paid To Utility	Actual Tax Due (B x Tax Rate) <small>Tax Rate 4/1/07 to 9/30/07 3.5% Tax Rate Effective 10/1/07 1.0%</small>	Difference (C minus D)
TOTALS	N/A			

IMPORTANT: Attach to this form a copy of all utility bills from the utility provider to which you have made an overpayment of the tax, and any supplemental information that will assist the City in determining the validity of your claim.

**CITY OF MENLO PARK
UTILITY USERS TAX
OVERPAYMENT OF TAX CLAIM FORM
SUPPLEMENTAL SCHEDULE - B
COMMUNICATIONS**

NAME OF TAXPAYER: _____

SERVICE ADDRESS: _____

Name of Communications Provider: _____
(one provider per form)

Type of Communication: _____ Telephone _____ Cable _____ Cellular _____ Other (_____)
(indicate type)

A	B	C	D	E
Date Communications Bill Paid	Communications Bill Amount (tax not included)	Tax Paid To Communications Provider	Actual Tax Due (B x Tax Rate) <small>Tax Rate 4/1/07 to 9/30/07 2.5% Tax Rate Effective 10/1/07 1.0%</small>	Difference (C minus D)
TOTALS	N/A			

IMPORTANT: Attach to this form a copy of all bills from the communications provider to which you have made an overpayment of the tax, and any supplemental information that will assist the City in determining the validity of your claim.