



**PARKER**  
C O L O R A D O

# Town of Parker Sales Tax Administration

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## CLAIM FOR REFUND – SALES AND LODGING TAX

This form is intended for use when claiming a refund of overpaid Parker sales or lodging tax remitted to a retailer licensed and authorized to collect Parker taxes. All refund claims are reviewed by the Town Finance Department for accuracy. The claimant may be contacted for additional information before a refund determination is made.

<b>Claimant Information</b>	Legal Name of business or Individual Name	Trade DBA Name	SSN/FEIN/Town Business License #
	Mailing Address	Mailing City/State/Zip	Contact Name
	Tax Type to be Refunded <input type="checkbox"/> Sales Tax <input type="checkbox"/> Lodging Tax <input type="checkbox"/> Both	Contact Phone Number	Contact Email

<b>Refund Details (Attach Additional Sheets as Necessary)</b>	A) Vendor Name	B) Invoice or Transaction Number	C) Invoice Date	D) Total Taxable Purchases (from invoice)	E) Total Sales Tax Paid (from invoice)	F) Parker Tax Paid (Column D x 3%)	G) Amount of Column F Claimed as Overpayment
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
10.							

<p><b>Due Date for Making a Claim:</b> All claims for refund must be made within 60 days of the date on the invoice for which an exemption is being claimed. Refunds outside of 60 days will be denied. All refunds are issued at the discretion of the Town's Finance Director.</p> <p><b>Refunds of Tax Paid in Dispute:</b> The Town will only issue refunds of overpaid Parker sales and lodging tax if such tax is paid in dispute or an exemption is claimed and the documentation supports such claim.</p>	<b>Total Refund Requested</b>
	<p><b>Reason for Refund</b> (Attach supporting documentation including copies of all invoices and any applicable exemption or resale certificates. Claims not adequately documented will be denied.)</p>

<b>Signature</b>	I declare under penalty of perjury that this claim, including all attachments, is to the best of my knowledge true, correct, and complete. I further understand that additional information may be requested and will be required to be supplied in order to process the refund request.		
	Signature	Printed Name	Date
	Title	Phone	Email



## Claim for Refund Instructions Sales and Lodging Tax

This form is intended for use when claiming a refund of overpaid sales or lodging tax remitted to a retailer licensed and authorized to collect Parker Sales Tax. Claims for refund of overpaid sales tax remitted erroneously to a Parker retailer must be made within 60 days of the date of overpayment. **Any claim that is not adequately documented will be denied.**

Examples of sales tax paid in error include:

- Sales tax paid on items intended for taxable resale. A State resale certificate should be submitted supporting this claim.
- Sales tax was paid on the purchase of construction materials for which a permit has been issued and construction use tax has been paid.
- Sales tax was paid on an item exempt from sales tax per Town Code.
- Lodging tax was paid on extended stays 30 consecutive days or longer.

### Section I – Claimant Information

Please complete this section in its entirety as applicable to you or your business. The information provided will be used to issue the refund if approved.

### Section II – Claim for Refund Details (If making a claim on more than ten invoices, please attach additional sheets as necessary)

- A – Vendor name (where was purchase made)
- B – Vendor invoice or transaction number
- C – Invoice date
- D – Total taxable purchases from the invoice. Some invoices may include both taxable and non-taxable items. This column should include only the total of items on which tax was charged per the invoice.
- E – Total sales tax paid on the invoice.
- F – Parker sales/lodging tax paid: Calculate the amount of Parker tax paid by multiplying the value in column D by 3% (Parker sales/lodging tax rate).
- G – Use Column F to confirm amount of Parker tax paid on the invoice, then enter the amount of claimed overpayment from Column F in Column G.
- Total Refund Requested – Total all overpayment claims in Column G, lines 1 through 10.
- Reason for Refund – Give a brief description of the reason for claim of overpayment.

### Section III – Signature

The person completing the claim on behalf of the taxpayer must sign and date the form at the bottom. A printed name is also required. If the taxpayer is not a natural person, the title of the officer or agent completing the form on behalf of the taxpayer must also be printed on the form. Forms without a signature will be returned and may not be considered timely filed.

**Supporting Documentation** - Documentation supporting that Parker tax was paid to the Town or to a licensed retailer; the date(s) of the overpayment; and that Parker tax was not due or was overpaid must be submitted along with the Claim form. Supporting documentation must include copies of the invoices listed on the claim as well as any additional documents such as exemption or resale certificates. Claims that are not adequately documented will be denied.

**Review & Determination** – The review time required will vary depending on the nature and scope of the claim. If necessary, the claim will be assigned to an auditor who may contact you regarding the review. If the claim is approved, a refund check will be sent approximately two to three weeks after approval.