Business Tax Refund Form

Finance Revenue Collection

Reset Form

You are required to provide the information requested below in order to comply with Government Code section 910.

Warning: Presentation of a false claim is a felony (Penal Code section 72). Pursuant to CCP sections 128.5 and 1038, the City may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.

Claimant Name: _____

Business Name: _____

Business Mailing Address: _____

City, State, Zip: _____

Business Tax Certificate #:	
Telephone Number (s):	
Email Address:	
Amount of Claim:	
Payment Date:	
Please indicate specific reasons for refund request (e.g. computation error, overpayment, classification error, etc.) Attach receipts, calculations and any other supporting documentation	

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____ _____

Signature of Claimant Printed Name Date

Note: Claims must be filed within one (1) year of payment of taxes and/or fees. Please allow 4-6 weeks for processing time.

MAIL OR DELIVER TO:

City of Berkeley
ATTN: Business Tax Refund
Finance - Revenue Collection
1947 Center Street, 1st Floor
Berkeley, CA 94704

For Official Use Only: Reviewed By: _____ Date Received: _____ Revised: 7/10/26