

Anne Arundel County, Maryland
44 Calvert Street
Annapolis, Maryland 21401

CLAIM FOR REFUND OF COUNTY TRANSFER TAX ERRONEOUSLY PAID TO ANNE ARUNDEL COUNTY

DATE _____, 20 ____

TO: Anne Arundel County Office of Finance
44 Calvert Street Annapolis, Maryland 21401

In accordance with the specifications of Article 14 of the Annotated of Maryland, application is hereby made by:

NAME: _____

ADDRESS: _____

FOR REFUND OF PAYMENT IN THE AMOUNT OF _____ Dollars
(\$ _____) erroneously paid to your office.

Give below date of payment and nature of tax for which refund is requested, reason for requesting refund and other information pertinent to claim. (Receipt issued by Office of Finance on tax claimed to be erroneously paid must be attached hereto).

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY:

(Signature of Claimant)

APPROVAL OF CLAIM

DATE _____, 20 ____

The facts set forth in the above claim have been verified, and I hereby certify that the claimant is entitled to a refund in the amount of _____

_____ Dollars (\$ _____).

CONTROLLER OF ANNE ARUNDEL COUNTY

INSTRUCTIONS

THIS FORM TO BE USED WHEN TAXPAYER REQUESTS A REFUND OF COUNTY TRANSFER TAXES ERRONEOUSLY PAID TO ANNE ARUNDEL COUNTY

A-SECTION 1 WILL BE FILLED OUT BY THE TAXPAYER IN DUPLICATE AND SUBMITTED TO THE RECORDATION TAX AND TRANSFER TAX DIVISION SUPERVISOR.

B-SECTION 2 AFTER INVESTIGATION OF THE CLAIM, THIS SECTION WILL BE FILLED OUT BY THE FINANCIAL OPERATIONS SUPERVISOR OF THE RECORDATION TAX DIVISION AND SENT TO THE CONTROLLER FOR AUTHORIZATION AND SIGNATURE.

C-PLEASE BE ADVISED OF YOUR RIGHT TO REQUEST A HEARING WITH THE ANNE ARUNDEL COUNTY OFFICE OF FINANCE ON THE MERITS OF YOUR CLAIM. SUCH A REQUEST MUST BE MADE IN WRITING AND DELIVERED BY CERTIFIED MAIL WITHIN 30 DAYS OF THE DATE OF YOUR CLAIM.