



# UNIFORM TRANSIENT OCCUPANCY TAX/ HOTEL IMPROVEMENT DISTRICT REFUND CLAIM

ESTABLISHMENT NAME			
ADDRESS	CITY	STATE	ZIP

ORIGINAL REPORTING PERIOD (Where refund is being requested): \_\_\_\_\_ TO \_\_\_\_\_

	TRANSIENT OCCUPANCY TAX	HOTEL IMPROVEMENT DISTRICT	TOTAL
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- |   |       |       |       |
|---|-------|-------|-------|
| 1. AMOUNT OF TAXES/ASSESSMENT ORIGINALLY PAID | _____ | _____ | _____ |
| 2. REFUND CLAIMS*                             | _____ | _____ | _____ |
| 3. REVISED TAX/ASSESSMENT                     | _____ | _____ | _____ |

**All refund claims must be supported by a signed, written explanation of the claim, documentation verifying the reason and right to the amounts requested and an amended Transient Occupancy Tax Return.**

\*A refund or credit will be allowed under the following specific circumstances:

- Overpayment
- Duplicate payment
- Erroneously or illegally collected tax/assessment

No refund or credit will be given unless the amount of tax/assessments has been refunded to the transient or credited to rent subsequently payable by the transient to operator.

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements herein are true and correct and in conformance with City of Irvine Municipal Code § 2-9-716 and City Council Resolution No. 02-152.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE