



**CITY OF LOVELAND  
SALES TAX ADMINISTRATION**

Civic Center -500 East Third St., #110 Loveland, Colorado 80537

Phone: 970-962-2708 Fax: 970-962-2927

EMAIL: [salestax@cityofloveland.org](mailto:salestax@cityofloveland.org) INTERNET [www.cityofloveland.org/salestax](http://www.cityofloveland.org/salestax)

**CLAIM FOR REFUND**

Taxpayer Name: \_\_\_\_\_

Residence or Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City of Loveland License #: LR-\_\_\_\_\_

Date of Payment: \_\_\_\_\_ Type of Tax Paid: \_\_\_\_\_

Total Amount Paid \$: \_\_\_\_\_ Total Refund Requested \$: \_\_\_\_\_

Reasons for Claim: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*I/we declare, under penalty of perjury, that this claim (including any accompanying schedules and statements) has been examined by me/us, and to the best of my/our knowledge and belief is true, correct and made in good faith for the purpose stated.*

\_\_\_\_\_  
Signature of person preparing claim

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

**For City of Loveland Sales Tax Administration Use Only. Do not write in this section**

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## INSTRUCTIONS

1. The claim must be accompanied by supporting documentation of sales/use tax paid. Please include copies of sales invoices, receipts, etc., or other documentation that proves what type of tax paid.
2. The vendor's fee, which was retained when the tax was remitted to the City of Loveland, will be deducted from all sales tax refund claims.
3. If the claim is for tax paid on a vehicle, the following must be included:
  - Copy of Colorado driver's license showing current address
  - Copy of registration on the vehicle
  - Copy of the sales invoice
4. The claim will be denied if claim for refund is incomplete and/or no supporting documentation.