



City of Chicago

BUSINESS TAX REFUND APPLICATION**For Office Use Only**

File #

Date Rec'd: _____

Initials: _____

City of Chicago
 Department of Finance
 Tax Division – Refund Unit
 2 N. La Salle Street
 Suite 1310
 Chicago, Illinois 60602

Business Name: _____

Business Address: _____

City, State, Zip: _____

Mailing Address (for refund if different from business address): _____

City, State, Zip: _____

Account Number: Site: FEIN: IBTN: Are you currently or have you ever been audited by the Chicago Department of Finance? ☐ Yes ☐ No

If yes, you must provide a copy of the audit notice, audit assessment, or settlement agreement.

TYPE OF REFUND**Note: REVIEW FILING INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.****Check the appropriate box below (Note: you must file a separate refund application for each tax).**☐ Airport Departure Tax (8500)☐ Gas Use Tax (7574)☐ Restaurant Tax (7525)☐ Amusement Tax (7510, 7511)☐ Ground Transportation Tax (7595)☐ Telecommunications Tax (7501)☐ Bottled Water Tax (1904)☐ Hotel Accommodations Tax (7520)☐ Tire Fee (BA94)☐ Checkout Bag Tax (2737)☐ Liquid Nicotine Tax (7514)☐ Transaction / Lease Tax (7550)☐ Cigarette Tax (7506)☐ Liquor Tax (7573)☐ Use Tax - Non-titled property (8402)☐ Electricity Use Tax (7578)☐ Motor Vehicle Lessor Tax (7575)☐ Use Tax – Titled property (8400)☐ ETS / 911 Surcharge (2906, 2908)☐ Natural Gas Occupation Tax (7571)☐ Vehicle Fuel Tax (7577)☐ Foreign Fire Insurance Tax (7505)☐ Parking Tax (7530)☐ Other _____☐ Fountain Soft Drink Tax (7590)☐ Real Property Transf. Tax (7551, 7553)

Tax refund period: _____ Amount of tax refund requested: _____

Please state in detail below the reason(s) for refund request (attach additional sheet if necessary):

Note: All refunds must be properly substantiated with documentation supporting the basis and the amount of the claimed overpayment. See filing instructions for required supporting documentation.

Under penalty of perjury, I certify that the information contained in this application and the attached supporting documents are true and correct.

Signature _____ Print Name _____ Date _____

Title _____ Phone _____ E-mail Address _____

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS**FOR OFFICE USE ONLY**

Audited by: _____ Title: _____ Date: _____ Telephone Number: _____

☐ Approved ☐ Denied Authorized by: _____ Date: _____

Voucher #

Date to comptroller: ____/____/____

Check #

Date from comptroller: ____/____/____

Certified Mail #

Date to comptroller: ____/____/____

Approved Amount

Approved Amount	
Tax	
Interest	
Total	

Processor Signature: _____ Date: _____

BUSINESS TAX REFUND APPLICATION FILING INSTRUCTIONS

REFUND STATUTE OF LIMITATIONS

The statute of limitations for filing a refund request is three (3) years from the date taxes were paid, except for the Amusement Tax, the Natural Gas Occupation Tax, and the Electricity Use Tax, for which the refund statute of limitations is one (1) year.

WHO IS ELIGIBLE:

1. Taxpayers who bore the burden of paying the tax and remitted such tax directly to the Chicago Department of Finance in error.
2. Tax collectors who have collected the tax from another person, remitted such tax directly to the Chicago Department of Finance in error, and have subsequently unconditionally repaid the tax to the person(s) from which it was collected.

SUPPORTING DOCUMENTATION

All refund claims must be substantiated with the following documentation: 1) Proof of payment of the tax. 2) Copies of the original tax returns and amended tax returns for all refund periods. 3) Proof of refund to customers. 4) Any additional documentation to support the refund claim (e.g., general ledgers, lease agreements, invoices).

REFUND PROCESSING PROCEDURES

The request for refund must be filed on the Department of Finance Business Tax Refund Application. Refunds will not be approved if you owe other tax or non-tax debt (warrants, parking tickets, water bills, etc.) to the City of Chicago.

After the Department receives your refund application, you will be sent a Notification of Receipt of Refund/Credit Request acknowledging receipt of your refund application. The refund process begins when the Department of Finance issues you the Notification of Receipt of Refund/Credit Request and can take up to six (6) months to complete. Approved refund claims will receive interest at the statutory rate beginning on the date the tax was paid in error and running through the date the Department of Finance approves the claim in writing.

After your refund request is approved or denied, you will be issued a Notice of Tentative Determination of Claim. If your claim is approved, you will be issued either a refund or a credit towards future tax liability. If your refund claim is denied, you may file a written protest within 35 days of the date of receipt of the notice. If you file a timely protest, a formal administrative hearing will be scheduled. If you do not file a written protest within 35 days, the Determination will become final, and you will lose your right to object to the Determination in court.

Please file your completed refund application and submit any supporting documentation to:

Chicago Department of Finance
Tax Division – Refund Unit
2 N. La Salle Street
Suite 1310
Chicago, Illinois 60602

or email to: taxrefunds@cityofchicago.org

If you have any further questions, please call (312) 747-4747.