



# Montgomery County, Maryland

Department of Finance, Division of Treasury



## PROPERTY TAX REFUND CLAIM FORM

As required by Tax-Property Article, §14-905 of the Annotated Code of Maryland, you must submit a written refund claim to be eligible for a refund. Complete this form and fax or mail it with all required supporting documents. A refund check will be issued to the certified claimant upon approval by the Division of Treasury.

**Fax:** (240) 777-8947

**Mail:** 27 Courthouse Square, Suite 200, Rockville, MD 20850

**Phone:** 240-777-0311

### REQUIRED SUPPORTING DOCUMENTS — Submit copies of all that apply

**Your Proof of Payment must pertain to the Credit balance on this Tax Bill**

- ☐ Cancelled checks (front & back) that paid this tax bill
- ☐ Bank statement showing payment that paid this tax bill
- ☐ Credit card statement showing payment that paid this tax bill

### CLAIM INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| BILL NUMBER          | TAX ACCOUNT NUMBER   | YEAR OF REFUND       | REFUND AMOUNT        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |
|----------------------|
| PROPERTY ADDRESS     |
| <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| DAYTIME PHONE NUMBER | EMAIL ADDRESS        |
| <input type="text"/> | <input type="text"/> |

|                              |
|------------------------------|
| ADDRESS TO SEND REFUND CHECK |
| <input type="text"/>         |

- ☐ Check here if mailing address differs from the tax bill, or if claimant is not the property owner.

### CERTIFICATION & SIGNATURE

The undersigned, under the penalty of perjury, certifies that the information contained in this tax refund claim is true and correct to the best of my knowledge, information and belief.

**⚠ IMPORTANT: Unsigned forms will be rejected.**

SIGNATURE OF APPLICANT / DATE

PRINTED NAME OF APPLICANT

Type or sign here

Type or sign here

### Treasury Refund Claim

27 Courthouse Square, Suite 200, Rockville, Maryland 20850 · Phone: 240-777-0311 · Fax: 240-777-8947