

## *Business License Tax Refund Application*

**City of Belvedere**

450 San Rafael Avenue  
Belvedere, CA 94920-2336  
(415) 435-3838



**Account Number:**

Business Name: _____	Owner Name: _____
Business Address: _____	Business Phone: _____
City, State, Zip: _____	Business Type: _____

Cut here

**Complete the Following:**

Business License # \_\_\_\_\_

Total Amount of Tax: \_\_\_\_\_ \$160.00

Total Gross Receipt: \_\_\_\_\_ x.005 \_\_\_\_\_

Total Refund Amount: \$ \_\_\_\_\_

Is this a Home-Based Business? (for business based in Belvedere only) Yes/No

\*Total Amount from your documentation. It is up to the business owner to calculate the total.

**Important:**

- **Refund Application must be postmarked or received no later than January 31.** (Applicants for refunds received or postmarked after this date will not be accepted.)
- Your refund application will not be processed if proper documentation of earnings is not attached. Failure to submit required documentation will result in rejection of your request. Please contact the City of Belvedere if you have any questions at (415) 435-3838.
- You must have earned less than \$32,000 in the City of Belvedere during the previous year.

**To receive a refund of their Business License Tax you must submit:**

- Business located within the City of Belvedere must provide their Income Tax form.
- Business located outside the City of Belvedere must provide an itemized list of your clients or customers in Belvedere. This list should include name, address, amount paid, date of work.

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date