



MuniServices Refund Petition

Remit Completed Form with Documentation to:
MuniServices – Sugar Sweetened Beverage Tax
2342 Shattuck Avenue #889 • Berkeley, CA 94704

Phone (866) 240-3665 • Email: AlbanySSBsupport@muniservices.com

Refund Petition Instructions:

Your petition **must be documented**. The petitioner(s) should attach invoices, receipts, check copies, accrual records, copies of original returns, copies of amended returns and other documentation to the petition sufficient to provide an audit trail. If invoice copies are not attached, then a schedule of the invoices providing invoice date, invoice number, and invoice amount should be attached. Additional documentation may be requested by MuniServices as deemed necessary before a decision can be granted on a refund request.

Failure to complete the MuniServices refund petition properly or to include sufficient documentation supporting your refund claim will delay the processing of your request.

Joint

Direct

Business Information:

MuniServices Account #

FEIN/SSN

Legal Business Name

Business DBA

Mailing Street Address

City

State

Zip

Physical Street Address

City

State

Zip

Total Refund Requested: \$ _____

Tax Period(s) _____

Explain in detail the reason(s) for refund claim (attach additional pages if necessary):

Signatures: A joint petition must bear the signatures of both the seller and the consumer-purchaser. If a petitioner is an individual, the individual must sign. If a petitioner is a partnership or limited liability partnership, a partner must sign. If a petitioner is a corporation, an officer of the corporation must sign. If a petitioner is a limited liability company, a member must sign.

The undersigned hereby makes an application for refund for the above referenced amount for taxes paid by said undersigned to the Tax Trust Account as tax payment for the municipality listed above. Taxes paid by said undersigned to the Tax Trust Account are believed to have been erroneously paid or paid in excess of the amount due or was paid through mistake of fact or law.

Petitioner's Name

Petitioner's Name

MuniServices Account #

Telephone #

Petitioner's Signature/Title

Petitioner's Email Address

Petitioner's Email Address

Mailing Address

Mailing Address

City

State

Zip

City

State

Zip

Date Signed

Date Signed

If you have any questions about the Refund Petition requirements, please contact Taxpayer Support at (866) 240-3665 or by emailing AlbanySSBsupport@muniservices.com.