Form 50-181

Application for Tax Refund Overpayments or Erroneous Payments

Collection Office Name

Phone *(area code and number)*

Address, City, State, ZIP Code

Collecting Tax For *(taxing units)*

GENERAL INFORMATION: This application is for use in requesting a tax refund pursuant to Tax Code Section 31.11 and Comptroller Rule 9.3039. To apply for a tax refund, the taxpayer or representative must complete Sections 1 through 5 of this application. The refund check will be made payable to the taxpayer and mailed to the taxpayer address provided below.

FILING INSTRUCTIONS: This document and all supporting documentation must be filed with the tax collector of the taxing unit for which you are requesting a refund. Do not file this document with the Texas Comptroller of Public Accounts. A directory with contact information for county tax offices may be found on the Comptroller's website.

SECTION 1: Taxpayer Information

Name of Taxpayer

Primary Phone Number *(area code and number)*

Email Address*

Mailing Address, City, State, ZIP Code

SECTION 2: Authorized Representative

Provide the information below if an agent has been appointed under Tax Code Section 1.111 to represent the taxpayer for tax matters. Attach a completed and signed Form 50-162, *Appointment of Agent for Property Tax Matters*, if the form has not been filed with the appraisal district. Individual taxpayers handling tax matters on their own behalf skip to section 3.

Name of Authorized Representative

Title of Authorized Representative

Primary Phone Number *(area code and number)*

Email Address*

Mailing Address, City, State, ZIP Code

SECTION 3: Property Information

Appraisal District Account Number

OR

Tax Receipt Number

Location Address, City, State, ZIP Code

Legal Description *(or attach copy of the tax bill or tax receipt):*

SECTION 4: Tax Payment Information

Complete the tax payment information requested below for each taxing unit from which refund is requested. A separate document containing the same information may be attached for additional taxing units, if necessary.

Name of Taxing Unit From Which Refund is Requested	Year for Which Refund Is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$

Taxpayer's Reason for Refund *(attach supporting documentation)*

SECTION 5: Taxpayer Signature

I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.

print here _____
Print Taxpayer Name

sign here _____ _____
Taxpayer Signature Date

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code, §37.10.

If the collector does not respond to this application on or before the 90th day after the date the application form is filed with the collector, this application is presumed to have been denied. The taxpayer may file suit against the taxing unit in the district court to compel payment of the refund if it is filed not later than the 60th date after the collector denies the application.

*See Government Code Section 552.137 regarding confidentiality of email addresses.

FOR COLLECTOR USE ONLY

SECTION 6: Tax Refund Determination

This tax refund is ☐ Approved ☐ Disapproved

print here _____
Print Name and Title

sign here _____ _____
Authorized Officer Date

print here _____
Print Name and Title

sign here _____ _____
Collector(s) of Taxing Unit(s) for Refund Applications Over (insert amount for which governing body approval is required under Tax Code Section 31.11) Date