



City of Culver City

Claim for Real Property Transfer Tax Refund

Before completing this form, please read the instructions on the back. Submit this form and supporting documentation to: **City of Culver City, Finance Department, 9770 Culver Boulevard, Culver City, CA 90232** or via email to rptt@culvercity.org

1. CLAIMANT'S NAME:

DBA (if applicable): _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

2. OWNERSHIP TYPE (if claimant is a business): Individual Partnership Corporation Other _____

3. FEDERAL TAXPAYER ID #: _____

4. TAX PAID INFORMATION: Attach additional pages if necessary. Attach copies of all receipts.

Assessor's Parcel Number	Paid By	Date Paid	Receipt #	Amount Paid	Recording Date
a.					
b.					
c.					

5. REFUND AMOUNT REQUESTED: \$ _____

6. BASIS OF CLAIM: State all facts that support your refund claim. If your refund claim applies to only a portion of the tax paid, please explain the portion to which it applies. Attach additional pages if necessary.

7. ATTACHMENTS: Attach a copy of the following documents: Deed Receipt(s) (from #4) Authorization (from #8)

8. SIGNATURE OF CLAIMANT OR REPRESENTATIVE

I declare under penalty of perjury under the laws of the State of California that I am the taxpayer (including an officer, general partner, member manager, executor, trustee, fiduciary, or other individual with authority to bind the taxpayer), or agent of the taxpayer authorized to sign this form on behalf of the taxpayer (attach authorization), and that the foregoing information is true and correct to the best of my knowledge and belief.

X _____
 Signature of Claimant or Representative _____ Date _____

_____ Title _____
 Print Name _____

CLAIMS FOR TAX REFUND AND RELATED DOCUMENTATION MUST BE FILED BY MAIL OR IN-PERSON WITH THE CITY OF CULVER CITY, FINANCE DEPARTMENT, 9770 CULVER BOULEVARD, CULVER CITY, CA 90232 OR BY EMAIL TO RPTT@CULVERCITY.ORG

INSTRUCTIONS FOR FILING A CLAIM FOR REAL PROPERTY TRANSFER TAX REFUND

Failure to complete all sections of the claim form (other than Section 2, if not applicable) will delay the processing of your claim and result in the return or denial of your claim. Your refund request shall be made in accordance with California Revenue and Taxation Code §5096 and §5097. Your refund request will be processed and any refund due will be issued within 45 days of the request after the City verifies your payment using the Los Angeles County Registrar-Recorder's monthly report to the City.

1. Claimant's Name and Contact Information – State the full name, mailing address, telephone number, and email address of the business and/or person claiming the tax refund. All official correspondence will be sent to the business or person listed at this address.

2. Ownership Type – If the claimant is a business, check the appropriate box to indicate whether the business is owned and operated by an individual, or is a partnership, corporation, or other legal entity. If you check the box "Other," specify in the space provided the type of business entity and the jurisdiction where the entity was formed (e.g., California LLC).

3. Federal Taxpayer ID # – State the claimant's Federal Tax Identification Number and/or Social Security Number.

4. Tax Paid Information – In the space provided, for each tax payment for which you claim a refund, state all of the following: (a) the Assessor's Parcel Number; (b) the name(s) of the person or entity that paid the tax; (c) the date each tax payment was paid; (d) the receipt number for each tax payment; (e) the amount of each tax payment; and (f) the date the transfer was recorded with the LA County Registrar-Recorder.

5. Refund Amount Requested – State the total amount you are claiming as a tax refund. Provide a breakdown of the different payments and periods for which you are claiming a refund. If you are claiming a refund of only a portion of the total tax paid, explain how the amount of the refund was calculated.

5. Basis of Claim – State in detail all facts supporting your claim that the tax was overpaid, paid more than once, or erroneously or illegally collected or received by the City of Culver City. Submit copies of all cancelled checks, receipts, and any other document or record that supports your claim for a refund.

7. Signature of Claimant or Representative – Please sign and date the claim form. Print the name of the signatory, and the position, title, or other relationship to the claimant. If you are filing as the taxpayer's agent, attach a power of attorney form or other authorization on your letterhead confirming that the taxpayer has authorized you to represent it with respect to this claim.

For questions about how to complete this form or for information on the status of your claim, please call (310) 253-5865 or email rptt@culvercity.org