

TO TAXPAYER: FILL OUT ORIGINAL AND ONE COPY AND SEND TO:

Carl Levi, Trustee
625 Georgia Ave, Room 210
Chattanooga, TN 37402

CLAIM FOR REFUND OF HOTEL AND MOTEL TAX

Filed with Hamilton County Trustee

Name of Taxpayer: _____ Address: _____

Date Tax Paid: _____ For Period: _____

Amount Paid: _____

Amount Claimed
For Refund: _____

REASON FOR REQUEST FOR REFUND: (choose one)

Permanent Residents:

_____ of my tenants has (have) roomed with me continuously for 90 days or more,
starting: _____ (mo) _____ (day) _____ (yr) and ending: _____ (mo) _____ (day) _____ (yr)

**** Fill out the attached form also if refund is for permanent residents.

Refund Per an Audit:

Amount of Refund: _____

Other:

Amount of Refund: _____ Reason: _____

I hereby certify that the above is a true and correct statement.

Taxpayer's Signature

The above claim for refund is approved in the amount of \$ _____

Approved By

Date

Check No.

