



PROPERTY REFUND REQUEST

Mail to: NYC Department of Finance, Refunds and Adjustments Unit, 66 John Street, 1st Floor, New York, NY 10038

INSTRUCTIONS: Please complete this form to request a refund of property taxes or other property-related charges. If you would like to transfer credits to another property that you own, *do not* complete this form. Instead, send an email with your transfer request to **refundsandadjustments@finance.nyc.gov** or fax your request to the Refunds and Adjustments Unit at 212-232-1891.

SECTION I - GENERAL INFORMATION

1. Property Address: _____ City: _____ Zip Code: _____

2. Borough: _____ Block: _____ Lot: _____

(Enter range of lots if applicable.)

3. Make Refund Check Payable to: _____

SECTION II - FILER INFORMATION

4. Your Name: _____

5. Firm Name (if applicable): _____

6. Street Address: _____ Apt./Floor: _____

7. City: _____ State: _____ Zip Code: _____

8. Telephone Number: (____) _____ Email Address: _____

SECTION III - PAYMENT INFORMATION

9. Did you pay the charges for which you are now requesting a refund (either directly, through your mortgage company or other agent)?

If **"YES,"** check one of the following:

- I am the current owner. (Finance will mail the refund check to the mailing address on your Statement of Account.)
- I am the prior owner.
- I am an officer of the cooperative management board.
(Finance will mail the refund check to the mailing address on your Statement of Account.)
- I am a representative of the mortgage company or bank that pays the property taxes. Mortgage #: _____
- Other. Please explain the nature of your relationship to the property owner: _____

Finance issues refunds only to the party legally responsible for paying the charges. If you paid the charges on behalf of the owner, Finance will evaluate your refund request based on the information you have provided above.

If **"NO,"** check one of the following:

- I am a member of the condominium management board.
(Finance will mail the refund check to the mailing address on the Board's Statement of Account.)
- I am the attorney/legal representative that brought a tax action resulting in a credit.
Attorney Group #: _____ Tax Period(s): _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR
(Finance will mail the refund check to the attorney address maintained by Tax Commission for this group number)
- I am not the attorney/legal representative that brought the action that resulted in the reduction of the assessed value for the above-listed property, but I have in my possession a letter of authorization from that attorney/legal representative authorizing me to request this refund. (A copy of this letter may be requested.)

Tax Period(s): _____ / _____ to _____ / _____
MONTH YEAR MONTH YEAR

SECTION IV - ACCOUNT CREDIT INFORMATION

10. Indicate the reason there is a credit on this account. Check one of the following:

- Overpayment. Indicate the amount: \$ _____ Date of payment: _____ / _____ / _____
MONTH DAY YEAR
- Reduction in assessed property value.
 - The reduction is due to a court order. List date of order: _____ / _____ / _____
 You may be requested to provide a copy of the court order.
MONTH DAY YEAR
- Abatement or Exemption (e.g., STAR, SCRIE, DRIE, J51, etc.).
- Cancellation of a charge already paid.
- Other (Please explain): _____
- Unsure of reason for the credit.

SECTION V - CERTIFICATION

SIGN HERE IF YOU PAID THE CHARGES FOR WHICH YOU ARE REQUESTING A REFUND

I am the payer of, or an officer of the cooperative management board or a duly authorized employee of the corporation that paid a tax or charge upon which this request is based. I certify that all statements made and information provided, to the best of my knowledge, is true and correct. If the City of New York verifies that a credit exists for this property for the above-listed period(s), I consent that the refund be paid to the above-named individual or entity, and I agree to release the City of New York from any claims arising from this refund and to reimburse the city for any costs resulting from claims arising from this refund. Any refund paid is subject to audit and recoupment. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

 Signature Print Name Date

SIGN HERE IF YOU DID NOT PAY THE CHARGES FOR WHICH YOU ARE REQUESTING A REFUND

I certify that I have been properly authorized by the payer or entity responsible for payment of the tax or charge upon which this claim is based to request a refund and to accept payment on behalf of such party. Any refund paid is subject to audit and recoupment, and I have so advised the party for whom I am making this application. I certify that all statements made and information provided on this application are true and correct to the best of my knowledge. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.

 Signature Print Name Date