

Application for Tax Refund Overpayments or Erroneous Payments

Form 50-181

Collection Office Name

Phone (area code and number)

Address, City, State, ZIP Code

Collecting Tax For (taxing units)

GENERAL INFORMATION: Use this application to request 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 tax collector will make the refund check payable to the taxpayer and mail it to the taxpayer address provided below.

FILING INSTRUCTIONS: File this form and all supporting documentation 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 is located 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 the taxpayer appointed an agent under Tax Code Section 1.111. Attach a completed and signed Form 50-162, Appointment of Agent for Property Tax Matters, if the taxpayer has not filed the form 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 below for each taxing unit from which you are requesting a refund. You may attach a separate document containing the same information 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 Name of Property Owner or Authorized Representative

**sign
here** ➡

Signature of Property Owner or Authorized Representative

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 filing date, this application is presumed to have been denied. The taxpayer may file suit against the taxing unit in the district court to compel the refund's payment 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**

Did the taxpayer meet the refund application filing deadline? ☐ Yes ☐ No

If not, did the taxing unit's governing body approve an extension? ☐ Yes ☐ No

This tax refund is ☐ Approved ☐ Disapproved

**print
here** ➡

Print Name and Title

**sign
here** ➡

Authorized Officer

Date