



COLLECTION DEPARTMENT
JACKSON COUNTY COURTHOUSE
415 EAST 12th STREET (FIRST FLOOR)
Kansas City, MO 64106

www.jacksongov.org

TAXPAYER SERVICES (816) 881-3232

APPLICATION FOR REFUND OF TAXES AND / OR FEES

We will not be able to process your application if it is not filled out completely or if needed documentation is not attached. Missouri Statutes state that you have three years from the date of payment to apply for a refund of taxes. Suggested documents: Copy of Paid Original Receipt, Copy of the Front and Back of your Canceled Check.

Originating Office: Sys Admin Office Admin: Overpayment Automation Date: _____

Name: _____ Phone #: _____

Address: _____

Year(s) & Type of Taxes Paid: _____ Amount Paid: \$ _____ Date Paid: _____

Parcel Number(s): _____ RECEIPT #: _____

Requesting a refund of \$ _____ of the above payment for the following reason(s):

(Attach additional pages if needed.)

I, (Signature) _____, on (Date) _____ do hereby upon my oath state the matter set forth above are true and correct and understand that Section 575.050 of the Revised Statutes of Missouri state that making a false affidavit is a criminal offense.

(County Use Only)

Refund Amount Approved \$ _____

Collection Department

Assessment Department
(If Necessary)

Counselor's Office
(If Necessary)

Approved / Rejected

Approved / Rejected

Approved / Rejected