



COLUMBUS CONSOLIDATED GOVERNMENT | REVENUE DIVISION |
OCCUPATION TAX SECTION 3111 CITIZENS WAY, COLUMBUS GA 31906
PHONE: (706) 225-4100, OPTION 1 |
EMAIL: businesslicense@columbusga.org

OCCUPATION TAX REFUND REQUEST

FILING INSTRUCTIONS

Refund Statute of Limitations

The statute of limitations for filing a refund request is three (3) years plus the current year.

Supporting Documentation

All refund claims must be substantiated with the following supporting documentation:

- (1) Submit full tax returns (federal and state) that support the last 2 years of reported actual gross receipts.
- (2) Submit copies of any additional supporting documentation that will support your refund claim.

Supporting documentation may include but is not limited to: State Sales Tax Reports, General Ledgers, Income Statements, Operating Statements and/or Profit/Loss Statements and any other information deemed necessary for examination.

Refund Processing Procedures

The request for refund must be filed on the Finance Department – Revenue Division Refund Request Application. Refunds will not be approved if you owe other business taxes (alcohol licensing taxes, hotel/motel taxes, tax by the drink taxes, etc.) or property taxes to the Columbus Consolidated Government.

This Office must verify and audit each claim to authenticate the request. The audit review step may take 1-2 months to complete.

All refund requests must be thoroughly vetted before a decision is rendered.

If your claim is approved, you will be issued a refund. Generally, the entire process may take more than 6 months.

Please return the completed application via mail to:

Columbus Consolidated Government
Revenue Division - Occupation Tax Section
P.O. Box 1397
Columbus, GA 31902

OR

Or Email to: businesslicense@columbusga.org



COLUMBUS CONSOLIDATED GOVERNMENT | REVENUE DIVISION |
OCCUPATION TAX SECTION 3111 CITIZENS WAY, COLUMBUS GA 31906
PHONE: (706) 225-4100, OPTION 1

REFUND REQUEST APPLICATION

Purpose: To Request a refund of occupation taxes paid.

Account Information:

Legal Business Name/DBA: _____ Business License#: _____

Business Physical Address: _____

Contact Phone Number _____

E-mail Address: _____

Date of Request: _____

Amount Requested: _____

Ditribution Method: ☐ Refund Check ☐ Credit Toward Future Liability

Provide a detailed explanation for this request:

If approved, provide the name as it should appear on the check and the address the refund should be mailed to.

Payable To: (Name on the check) _____

Mail To: _____

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct, and complete statement made in good faith.

Signature

Title

Date