

## **APPLICATION FOR TAX REFUND**

Collecting office name Aldine Independant School District					Collecting tax for: (taxing units) Aldine ISD Tax Office				
1					Fax # :	281-59	90-6656		
14909 Aldine									
City, town or post		Phone (area code and number)							
Houston TX 7	281-985-6455								
General Instructi	ons: This application is f	for use in requesting a tax	x refund pu	irsuant to Tax (	Code Sectio	on 31.11	& 31.111 and Co	ntroller Rule 9.3039.	
The refund check will be made payable to the taxpayer and mailed to the taxpayer address provided below. To apply for a tax refund, the taxpayer or									
representative must complete Steps 1 through 5 and return to our office.									
Step 1:	Taxpayer's Name:								
Taxpayer name	Mailing address (number and street):								
and address									
	City, State, ZIP code:						Phone (area code and number)		
Step 2:	Property Owner's Name:								
Describe the									
property	Legal Description (or attach copy of the tax bill or tax receipt):								
	Address or location of property:								
	Account number of prop	erty:							
Step 3:	Name	Year		Date			Amount	Amount	
	Of Taxing Unit From Whic Refund is Requested	h For Which Refund Is Requested					Of Taxes Paid	Of Tax Refund Requested	
Give the tax	1. Aldine ISD	15 Requested	i an i aymont			\$		\$	
payment	2.		/			\$		\$	
information	3.			/		\$		\$	
	4.			/	\$			\$	
	5.		/			\$		\$	
	Taxpayer's reason for refund (attach supporting documentation):								
	Overpayment Refunds over \$500.00 will require Board of Trustees approval.								
Step 4:									
L.	Please check & initial	Mail refund as indicated in		Transfer the refund to a		ccount		and to several accounts	
Handling of Tax	one of the options to the right:	step 1 above		for toy yoon	(ar	aludina	(please attac	h a list of accounts)	
Refund				for tax year new or curren		cluding		(initials)	
		□(initia	als)		,			()	
G4 <b>F</b> .					(initi	ials)			
Step 5:	"I hereby apply for the re to the best of my knowle	fund of the above-described	ed taxes and	l certify that the	information	n I have g	iven on this form	is true and correct	
Sign the form									
	Sign here	Print name			Date				
	Any person who makes a false entry upon the foregoing record shall be subject to one of the following penalties: 1. Imprisonment of not more than 10 years nor less than 2 years and/or a fine of not more than \$5,000 or both such fine and imprisonment; 2. Confinement in jail for a term up to 1 year or a fine not to exceed \$2,000 or both such fine and imprisonment as set forth in Section 37.10, Penal Code.								