



ANNE ARUNDEL COUNTY
OFFICE OF FINANCE
PO BOX 427
ANNAPOLIS, MD 21404
realproperty@aacounty.org
Phone: 410-222-1736

ANNE ARUNDEL COUNTY REAL PROPERTY TAX REFUND REQUEST

Last Name:	First name:
Parcel Number:	
Property Address:	
Telephone number:	Email:
Mailing address (If different)	

I/we are claiming a refund of Real Property Taxes for the following reason:

_____ I/we have erroneously paid a greater amount of tax than was due. Please refund \$ _____
the amount of taxes that has been overpaid.

_____ I/we have paid in error. Our mortgage company collects our taxes in escrow and will make payment
to Anne Arundel County. I/we request a refund in the amount of \$ _____

***I acknowledge that I am requesting these funds be refunded to me and that the tax bill will be reopened. I also
acknowledge if my mortgage company does not make payment by the date due, I will be responsible for any interest
and penalties that accrue the first of each month following that due date.**

**IN ORDER FOR US TO PROCESS THE REQUESTED REFUND WE
MUST BE PROVIDED WITH VERIFICATION OF PAYMENTS MADE.**

POSSIBLE SOURCES OF DOCUMENTATION:

VALIDATED RECEIPTS

HUD-1 SETTLEMENT STATEMENT (Both Pages Required) If property tax is listed as one of the items to be paid.

CANCELED CHECKS (Front and Back Required)

MONTHLY BANK STATEMENT (Showing Dollar amount) Other activity may be blanked out.

FORM 1098 (Annual Tax and Interest Statement) Issued each year in Jan. by Mortgage holder covering the prior year.

Please sign and date the following statement:

I/we, the undersigned do hereby declare under the penalties of perjury that the information provided on and with this application is to the best of my/our knowledge and belief, true, correct and complete. I/we also understand that the failure to provide all information and/or documentation that is necessary for the County to make a determination is a basis for a denial of the request. I/we understand that by filing this request, we are authorizing Anne Arundel County to confirm the information provided with this application. I/we understand that if I/we are aggrieved by the decision of Anne Arundel County, I/we may appeal to the Maryland Tax Court within 30 days of the decision in accordance with § 20-117 of the Local Government Article of the Annotated Code of Maryland.

SIGNATURE

DATE