

Anne Arundel County, Maryland
44 Calvert Street
Annapolis, Maryland 21401

CLAIM FOR REFUND OF RECORDATION TAX ERRONEOUSLY PAID TO ANNE ARUNDEL COUNTY

DATE _____, 2024

TO: Anne Arundel County Office of Finance
44 Calvert Street
Annapolis, Maryland 21401

In accordance with the specifications of Article 14 of the Annotated Code of Maryland, application is hereby made by:

NAME: _____

ADDRESS: _____

FOR A REFUND OF PAYMET IN THE AMOUNT OF _____ Dollars
(\$ _____) erroneously paid to your office.

Give below date of payment and nature of tax for which refund is requested, reason for requesting refund and any other information pertinent to the claim. (The receipt issued by the Office of Finance for tax claimed and/or documentation verifying payment to the Office of Finance for which tax was paid erroneously must be attached hereto in duplicate).

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY:

Signature and Working Title of Claimant

APPROVAL OF CLAIM

DATE _____, 2024

The facts set forth in the above claim have been verified, and I certify the claimant is entitled to a refund in the amount of

_____ Dollars (\$ _____).

CONTROLLER OF ANNE ARUNDEL COUNTY

INSTRUCTIONS

THIS FORM IS TO BE USED WHEN A TAXPAYER REQUESTS A REFUND OF RECORDATION PAID ERRONEOUSLY TO ANNE ARUNDEL COUNTY.

(SECTION 1) WILL BE FILLED OUT BY THE TAXPAYER IN DUPLICATE AND SUBMITTED TO THE RECORDATION AND TRANSFER TAX MANAGER.

(SECTION 2) AFTER INVESTIGATION OF THE CLAIM, THIS SECTION WILL BE FILLED OUT BY THE RECORDATION AND TRANSFER TAX MANAGER AND SENT TO THE CONTROLLER OF ANNE ARUNDEL COUNTY FOR FINAL APPROVAL AND SIGNATURE AUTHORIZATION.

PLEASE BE ADVISED OF YOUR RIGHT TO RIGHT TO REQUEST A HEARING WITH THE ANNE ARUNDEL COUNTY OFFICE OF FINANCE ON THE MERITS OF YOUR CLAIM. SUCH A REQUEST MUST BE MADE IN WRITING AND DELIVERED BY CERTIFIED MAIL WITHIN 30 DAYS OF THE DATE OF YOUR CLAIM.