



ANNE M. GANNON

TAX COLLECTOR, PALM BEACH COUNTY

Governmental Center • 301 N. Olive Avenue, 3rd Floor • West Palm Beach, FL 33401
Mailing Address • Post Office Box 3715 • West Palm Beach, FL 33402-3715
www.taxcollectorpbc.com • Tel (561) 355-2264 • (561) 355-4123

Downtown Branch

301 North Olive Avenue
West Palm Beach

Glades Branch

2976 State Road 15
Belle Glade

North County Branch

3188 PGA Boulevard
Palm Beach Gardens

Lake Worth Branch

3551 South Military Trail
Lake Worth

South County Branch

501 South Congress Avenue
Delray Beach

Royal Palm Beach Branch

200 Civic Center Way
Royal Palm Beach

**TOURIST DEVELOPMENT TAX
APPLICATION FOR REFUND**

(Authorization: Florida Statutes 212.095)

Florida Statutes require that an application for refund must be supported by appropriate documentation to substantiate the validity of the claim. There is a three-year statute of limitation on refunds based on the date the tax was paid.

1. Tourist Tax Account Number: _____
2. Reporting Period for Refund: _____
3. Amount of Refund Requested: \$ _____
4. REASON FOR REFUND:
 - Overpayment
 - Payment was made when no taxes were due.
 - Payment was made in error.
 - Other (Explanation)

PRINT OR TYPE CLEARLY, THIS INFORMATION WILL
BE USED TO MAIL YOUR REFUND CHECK.

1. Name of Payee: _____
2. Mailing Address: _____
3. Location Address (If different from above) _____
4. Telephone Number _____

Signature: _____ Title: _____

Date: _____

Printed Name _____

***** TAX COLLECTOR USE ONLY *****

Refund Amount: _____ Date Received: _____

Approved By: _____ Date Sent: _____