



# COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER

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LOS ANGELES, CALIFORNIA 90012-3873  
PHONE: (213) 974-8301 (213) 626-5427

OSCAR VALDEZ  
AUDITOR-CONTROLLER

ADDRESS ALL CORRESPONDENCE TO:  
PROPERTY TAX SERVICES DIVISION  
500 W. TEMPLE ST., ROOM 153  
LOS ANGELES, CA 90012-3552

## LOS ANGELES COUNTY PROPERTY TAX CLAIM FOR REFUND

**IMPORTANT! PLEASE FILE ONE CLAIM FOR EACH ASSESSOR IDENTIFICATION NUMBER AND EACH YEAR**

|  |   |                |   |                           |   |
|--|---|----------------|---|---------------------------|---|
| <b>Step 1:</b><br>Requestor's name and address (If requestor is an agent, please provide Tax Agent Registration #) | Requestor's name  |                | Tax Agent Registration #  |                           |   |
|  | Present mailing address (number and street)   |                |   |                           |   |
|  | City, town or post office, state, ZIP code  |                | Phone (area code and number)  |                           |   |
| <b>Step 2:</b><br>Describe the property  | Owner's name  |                |   |                           |   |
|  | Assessor's Identification Number (Mapbook - Page - Parcel)  |                | Unsecured Bill Number   |                           |   |
|  | Year  | Sequence       | Tax Rate Area   |                           |   |
|  | Situs address (number and street)   |                |   |                           |   |
|  | City, town or post office, state, ZIP code  |                |   |                           |   |
| <b>Step 3:</b><br>Did you file an appeal with the Assessment Appeals Board?  | If yes, what is the assessment appeal application number?   | Filing date    | Did you receive a Notice of Board Action?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when?             | <b>NOTE:</b> If you designated your Assessment Appeal Application as a Claim for Refund there is <u>no</u> need to file this application. |
| <b>Step 4:</b><br>Describe reason for property tax refund  | Reason:   |                |   |                           |   |
| <b>Attach additional documents if necessary</b>  |   |                |   |                           |   |
| <b>Step 5:</b><br>Amount of property tax refund  | Tax amount  | Penalty amount | Redemption penalty amount   | Cost amount<br>Fee amount | Total refund amount   |
| <b>Step 6:</b><br>Sign the application   | I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct. |                |   |                           |   |
|  | <b>sign here</b> ▶ Signature  |                |   | Date                      |   |
|  | Title (If applicable)   |                |   |                           |   |
|  | If this claim is for a company, the person signing must state their title.  |                |   |                           |   |
| <b>Step 7:</b><br>Mail application to:   | Los Angeles County Auditor-Controller<br>Property Tax Services Division<br>Kenneth Hahn of Administration<br>500 W. Temple Street, Room 153<br>Los Angeles, CA 90012-2713   |                |   |                           |   |
| <b>Contact Numbers</b>   | Customer Service: (213) 974-8368    FAX: (213) 617-0592    Toll free number if calling within Los Angeles County (888) 807-2111   |                |   |                           |   |

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## INSTRUCTIONS FOR FILING APPLICATION

### CLAIM FOR REFUND

This claim is to request a refund for "paid" property taxes and/or penalties. This form must be filed with the Auditor-Controller within four years of the date of payment of the property taxes.

**IMPORTANT!** - Please complete one application for each Assessor Identification Number and each year for which you are claiming a refund. **DO NOT ATTACH A LIST!** Fill in each application in its entirety and as accurately as possible; incomplete applications will be returned.

1. **Requestor's name and address** – Provide the name of the person/entity who is requesting the property tax refund, their complete mailing address and their telephone number. If requestor is an agent, please provide the mandatory Tax Agent Registration number.
2. **Describe the property** – Provide the owner's name, the Assessor's Identification Number or Bill number, the year for which you are claiming the property tax refund, the sequence number, the Tax Rate Area and the complete situs address. This information can be found on your Property Tax Bill.
3. **Assessment Appeal** – If your claim for refund is related to an assessment appeal or if your assessment appeal application was designated as a "Claim for Refund" please provide the information related to the assessment appeal and attach copies of the documents you may have received from the Assessment Appeals Board pertaining to the appeal. **Note: If you designated your assessment appeal application as a 'Claim for Refund'; there is no need to file again.**
4. **Describe the reason for the property tax refund request** – Provide a brief narrative of the reason why you are requesting a property tax refund. Attach additional documents to this form if necessary. Providing proof of payment for the relevant property taxes will expedite the property tax refund claim process. **Note - Please provide all relevant documents.**
5. **Amount of property tax refund** – Indicate the refund amount you are claiming.
6. **Sign the application** – The application must be signed and dated by the requestor. If the requestor is filing on behalf of a company, they must state their title.
7. **Mail application to:**

**Los Angeles County Auditor-Controller**  
**Property Tax Services Division**  
**Kenneth Hahn Hall of Administration**  
**500 West Temple Street, Room 153**  
**Los Angeles, California 90012-3552**

**TO REQUEST A CONFIRMATION OF RECEIPT OF YOUR CLAIM FOR REFUND,  
PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.**