

Finance Department
Tax Division
P.O. Box 2005
Phoenix, AZ 85001-2005

CONTACT NUMBERS:
602-262-6785, press 6
FAX – 602-262-7151
TTY – 602-534-5500

Email Addresses:

TAX@phoenix.gov for statement questions. Please include Account number, Bill ID number and phone number on emails.

PLT@phoenix.gov for general licensing questions.

TAP@phoenix.gov for general tax questions.

General tax information is also available at this website www.phoenix.gov/plt

OUTSTANDING CREDIT BALANCES

Credit balances can be applied to amounts due only on the account number printed on this credit statement. Credits may result from a calculation error on a tax return. If your records do not indicate that the credit is correct, you may need to file an amended return or contact us by calling the phone number above.

To correct a return – If you need to correct (amend) a return, make a copy of both sides of your copy of the tax return and in blue or black ink, write “AMENDED RETURN” at the top of both sides. In blue or black ink, cross out the incorrect information and write in the correct information, re-sign and re-date it. Send a letter explaining the correction along with the corrected copy of the tax return to Tax Accounting at the address above. If no payment is due, the return can be faxed to the number above. Do Not Use Red Ink.

Credits will be applied automatically against other balances such as license fees or late fees. We suggest verification of the credit balance by calling 602-262-6785, press 6.

Credits must be used within one year of the initial notice of credit and are normally not refunded if the credit can be applied against taxes or fees due within that period. To apply an outstanding credit, submit future tax return(s) without payment until the credit is exhausted.

A refund will only be issued if the account is current (no outstanding balances or un-filed tax returns) and the refund request is signed by an authorized person.

To request a refund, complete the form below and mail it to the address above.

REQUEST FOR REFUND OF CREDIT BALANCE

Business Name _____ Today's Date _____

Mailing Address _____ Account Number _____

_____ Amount _____ Period _____

E-Mail Address _____

Signature of Taxpayer or Authorized Agent (Required) Telephone Number _____

Title