



CITY OF ATLANTA DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS
TAX DIVISION 55 TRINITY AVENUE, S.W. – SUITE 1350 ATLANTA, GEORGIA
30303 PHONE: (404) 330-6270 | EMAIL: REFUNDS@ATLANTAGA.GOV



BUSINESS TAX REFUND REQUEST FILING INSTRUCTIONS

Refund Statute of Limitations

The statute of limitations for filing a refund request is three (3) years plus the current year.

Supporting Documentation

All refund claims must be substantiated with the following supporting documentation:

- (1) copies of the front and backside of cancelled checks in payment of tax and
- (2) letter (on company letterhead) that defines the event(s) that triggered the refund request event.
- (3) Submit full tax returns federal and state for year(s) requested.
- (4) Submit copies of any additional supporting documentation that will support your refund claim. Supporting documentation can include but is not limited to bank statements, letters from your financial institution certifying your claim, etc.

Refund Processing Procedures

The request for refund must be filed on the Department of Finance – Office of Revenue Business Tax Refund Request Application. Refunds will not be approved if you owe other business taxes (alcohol licensing taxes, hotel/motel taxes, tax by the drink taxes, etc.) to the City of Atlanta.

This Office must verify and audit each claim to authenticate the request. The audit review step may take 1-2 months to complete.

Per the City of Atlanta Code of Ordinances, refunds over \$5,000 require City Council approval and may take six months to complete once the refund enters the legislative cycle. Refunds less than \$5,000 do not require legislative approval. However, all refund requests must be thoroughly vetted before a decision is rendered.

If your claim is approved, you will be issued a refund. Generally, the entire process may take more than 6 months.



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REFUND REQUEST APPLICATION

Purpose: To request a refund of business taxes due. Please note, refunds greater than \$5,000 require legislative approval and may take six (6) months to approve.

Account Information:

Legal Business Name/DBA: _____ Business License #: _____

Business Physical Address: _____

Email Address: _____ Phone: _____

Date of Request: _____

Amount Requested: _____

Distribution Method: Refund Check Credit Toward Future Liability

Provide a detailed explanation for this request:

If approved, provide mailing address that refund should be mailed to:

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct and complete statement made in good faith.

Signature

Title

Date

Revised 12/2021

