



APPLICATION FOR REFUND OF AD VALOREM TAXES

DR-462
R.12/11
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Section 197.182 Florida Statutes

COMPLETED BY APPLICANT

Applicant name	County	Date
I am applying for a refund of \$ _____ For the tax year(s) 20____, 20____, 20____, 20____	Mailing address	
Describe the reason for the refund. Attach any documents that support your request for a refund.		
I declare I have read this application and the facts in it are true. If prepared by someone other than the taxpayer, the declaration is based on all information the preparer knows.		
_____ Signature, applicant		_____ Date



Applicant: File this form and supporting documents with your **County Tax Collector**.

COMPLETED BY TAX COLLECTOR

<input type="checkbox"/> Approved	Parcel ID	Date received
<input type="checkbox"/> Denied	Page and number	Check #
<input type="checkbox"/> Submitted to the Department of Revenue (DOR) Recommendation: <input type="checkbox"/> Order <input type="checkbox"/> Deny Explanation:		
_____ Signature	_____ Title	_____ Date

Tax collector instructions for submitting to DOR, if \$2,500 or above or otherwise required

Complete DR-462 and send with:

1. A copy of the paid tax receipt for each tax year requested
2. Certificate of correction to the tax roll signed and dated by the property appraiser
3. Other supporting documents
4. Copy of homestead application or renewal, if required

Mail: Property Tax Oversight Program
Refund Section
P.O. Box 3000
Tallahassee, FL 32315-3000

For taxes paid in error:

1. Copy of certified letter to taxpayer (45 day notice)
2. Copy of certified mail, return receipt requested
3. Tax notice receipt
4. Other supporting documents

Email: PTORefunds@dor.state.fl.us
Efax: 850-617-6107

COMPLETED BY DOR

Subject matter index code _____	<input type="checkbox"/> RP <input type="checkbox"/> TPP	Date approved
<input type="checkbox"/> Ordered <input type="checkbox"/> Denied	Reviews	
_____ Signature, DOR		