Jackson County Executive/Collection Department

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Kansas City, MO 64106

Phone 816-881-3232
www.jacksongov.org/Government/Departments/Collection

APPLICATION FOR CREDIT BALANCE/ REQUEST FOR REFUND

FORM MUST BE COMPLETED & RETURNED for credit to be applied or refund issued.

Remitter(please print clearly and parcel number):

_____

_____

_____

_____

Date Sent: _____

Credit Amount: $ _____

Bill Number: _____

Account: _____

Name on Bill (If different than Remitter): _____

Please indicate how to use the credit balance, noting it will first be applied to any outstanding tax bill.

☐ **Apply to personal property tax bill for year** _____ ☐ **Refund check to address indicated above.**

☐ **Apply to real estate tax bill for year** _____ ☐ **Apply to another bill** _____

☐ **Refund check to the following address** _____

Taxpayer's Signature _____ **Date** _____

Taxpayer's Phone No. _____ (Please provide a phone number in case of questions about your request)

Taxpayer's Email address _____

-- FOR OFFICE USE ONLY --

Credit Applied or Refund Check Approval

- ⌐ An assessement correction
- ⌐ Mortgage Company Overpayment
- ⌐ Overpayment of final Installment Plan Payment.
- ⌐ Overpayment of tax bill(s) by Cash/Check/MO
- ⌐ Taxpayer not subject to taxes
- ⌐ Tax Sale Fees Removed
- ⌐ Tax Bill(s) listed previously paid
- ⌐ Other (see Comments)

⌐ Amount Due: $ _____ Amount Remitted: $ _____ Resulting Overage: $ _____

Orig Pmt Date _____ ⌐ No bill due ⌐ Bill Due _____ ⌐ OK to issue(as of _____)

_____ _____

Date Received/By Whom **Collector's Office Approval**

Applied to Bill Number	Check Number	Amount	Date

Comments _____

_____

_____

Deputy Collector: _____