



City of Portland - Revenue Division
Arts Tax Refund Request
 For the year Jan. 1 - Dec. 31, _____

Form **ARTS
AREF**

Filing deadline: within 365 days of payment. Refund requests must be made using this form (Form AREF).

PERSON WHO PAID THE TAX (PAYEE)

First Name		Middle Name	Last Name
Social Security Number**	Daytime Phone Number		Email address (optional)
Mailing address (where you would like the refund sent)			Zip Code
Total refund amount requested	Original Payment Method		Confirmation # (if known)

PERSON(S) FOR WHOM THE TAX WAS PAID (Fill in as applicable)

1

First Name	Middle Name	Last Name	Year of Birth
Portland address and zip code during tax year (e.g., 111 SW Columbia St., #600, 97201) — No PO Boxes			Social Security Number
Refund reason (select one - main reason)			Individual refund amt

Explanation or additional information about this refund claim. If your refund reason is other, use this space to explain.

2

First Name	Middle Name	Last Name	Year of Birth
Portland address and zip code during tax year (e.g., 111 SW Columbia St., #600, 97201) — No PO Boxes			Social Security Number
Refund reason (select one - main reason)			Individual refund amt

Explanation or additional information about this refund claim. If your refund reason is other, use this space to explain.

The undersigned declares under penalty of making a false statement, that the information given in this form is true.

Payee Signature

Date

*** Supporting Documents Required (must be filed with Refund Request)**

If you are requesting this refund because your only source of income is non-taxable (SS, SSI, RRA, PERS, FERS CSRC, USTI), **you must provide a copy of your federal tax return and:**

- **Option 1: Social Security or Railroad:** Copy of your annual benefit statement(s) from SSA or Railroad
- **Option 2: PERS / FERS (CSRS):** Copy of your 1099-R from PERS, FERS, CSRS
- **Option 3: "other non-taxable":** Copy of your 1099-INT showing US Treasury Interest or other supporting documentation of non-taxable income

If you don't have supporting documents or don't file a federal tax return, you must complete federal form 4506-T (Request for Transcript of Tax Return, record of account) or a statement why you cannot provide documentation in the case where you paid the tax on behalf of another person.

Information

** Tax refund requests cannot be processed without a full Social Security Number as required by the IRS (to comply with Form 1099 requirements). Social Security Numbers are not subject to public disclosure.

A refund will be made to the individual who paid the tax. The person who paid the tax may be different from the taxfiler who benefited from the tax payment. Refund checks are usually issued 8-10 weeks after filing a request.

Send this form to: Revenue Division Arts Tax, PO Box 1278, Portland, OR 97207 | **FAX:** 503-823-5192