



San Bernardino
Recorder-County Clerk
222 W. Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0022
Phone:(909)387-8306
Website:arc.sbcounty.gov

CLAIM FOR REFUND
OF
OVERPAYMENT OF DOCUMENTARY TRANSFER TAX

To: San Bernardino Recorder- County Clerk

I, the undersigned, do hereby certify that, pursuant to County Ordinance No. 1394 of County of San Bernardino, State of California, as amended by Ordinance No. 1430, I have paid the sum of \$ _____ in real property transfer tax to the County of San Bernardino on the following described document:

Document Number _____ of Official Records. I request a refund for the sum of \$ _____ as provided in Section 11934 of the Revenue and Taxation Code for the following reason(s): *For additional space, add a page and provide all supporting documentation.*

I hereby certify under penalty of perjury the foregoing is true and correct and that a refund of said payment has not been previously made.

Dated and executed this _____ day of _____, 20____, at _____ am/pm.

Claimant Affidavit of Original Payee:

Make refund payable to:

Signature

Charge Account Name

Type or Print Name and Title

Charge Account Number

* Contact Number

Email Address

*** Payments approved as refunds will appear as adjustments to existing charge accounts. In the absence of an active charge account, a check will be issued.**



This area is for use by the San Bernardino Recorder-County Clerk's Office

It is recommended the request be:

Approved _____ Denied _____ Remarks: _____

RECORDS TECHNICIAN SUPERVISOR II:

By _____ Date: _____

I have examined the within claim, and assuming the facts therein stated to be true, find it is a valid/invalid legal claim against the County.

CHIEF DEPUTY RECORDER-COUNTY CLERK:

By _____ Date: _____

**Instructions for submitting the
“Claim for Refund of Overpayment of Documentary Transfer Tax” form.**



When completing the Refund Form, please ensure to complete each area entirely, adding as much information as possible.

When providing the reason(s) for the refund, please be very specific and as detailed as possible.

The following items must accompany the Request for Refund before it is processed:

1. Certified Copy of Sale Escrow Instructions indicating the sale amount, which is the figure that the Documentary Transfer Tax is based. If Escrow Instructions are not available, then you must provide sufficient documentation to prove the sale amount and the amount of tax paid.
2. A copy of the Deed or Lease Statement that was recorded for which you are basing the Refund Request.
3. Per GC 54985 (a) there is a \$80.00 processing fee that is to be submitted with the Request for Refund.

The Claim for Refund Request form and supporting documentation may be mailed to our office at San Bernardino County Recorder 222 W. Hospitality Lane, 1st Floor, San Bernardino, CA 92415-0022. To prevent delays in the processing of your request, please call our office at (909) 387-8306 for assistance if you have any questions.

Thank you,

Recorder Division