



ALBERT URESTI, MPA, PCC
Bexar County Tax Assessor-Collector
 PO BOX 839950 SAN ANTONIO, TX 78283-3950

Phone: (210) 335-2251
Fax: (210) 335-6643
Email: taxoffice@bexar.org

Application for Property Tax Refund

Property Tax Account Information

Account Number	Parcel Address
Legal Description of the Property	
Property Owner	
Mailing Address	
City, State, Zip Code	

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per section 31.11(c) of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$2,500.

PLEASE ALLOW 60 DAYS FOR PROCESSING from the date the application is approved.

Step 1: Provide contact information for payer requesting the refund:	Name of Payer (Please Print)	Daytime Telephone Number
	Email Address	
Step 2: Check the reason for the refund:	<input type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Paid in error (Explain):	
Step 3: Provide payment information: Attach copies of cancelled check(s), credit card record, or original tax receipt for cash payment(s):	MM / DD / YYYY	Date of tax payment:
	Amount of refund being claimed for the tax year shown above:	
Step 4: How should the refund be processed? (Check the refund choice):	<input type="checkbox"/> Refund to payer of record	
	<input type="checkbox"/> Transfer \$	to tax account # _____ for tax year(s):
	<input type="checkbox"/> Apply to future taxes (Pre-Payment / Escrow)	
Step 5: Refunds are only issued to the party that paid taxes. Affirm that you are the payer. Unsigned applications will not be processed.	By completing and signing this form, I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct.	
	Signature of Payer (Required)	Date

If you make a false statement on this application, you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

Application must be completed, signed, and submitted with supporting documentation to be valid.

TAX OFFICE USE ONLY:	<input type="checkbox"/> Returned to Sender for reason indicated below. Please correct and return for processing: <input type="checkbox"/> Account # incorrect <input type="checkbox"/> Proof of Payment missing(Step3) <input type="checkbox"/> Account # incorrect(Step4) <input type="checkbox"/> Signature missing(Step5)		
	By Processor :	Date: _____	QC Processor: _____ Date: _____
	<input type="checkbox"/> Approved <input type="checkbox"/> Over \$2,500 <input type="checkbox"/> Denied, Reason: _____		
	By Processor :	Date: _____	QC Processor: _____ Date: _____