



APPLICATION FOR REFUND OF AD VALOREM TAXES

Section 197.182, Florida Statutes

DR-462
R. 12/11
Rule 12D-16.002, F.A.C.
Florida Administrative Code
Effective 11/12

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 <u>that</u> I have read this application and <u>that</u> the facts <u>stated</u> in it are true <u>to the best of my knowledge and belief</u> . 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, \$2,500 or above or otherwise required.

Review the applicant section of the form and attachments provided. Fill in the information, complete the checkboxes, provide an explanation, and sign in the section labeled "Completed by Tax Collector." on DR-462 and send with:

If the claim is \$2,500 or more, check the box "Submitted to the Department of Revenue," select the recommendation and provide an explanation. The tax collector must electronically submit the completed form and supporting documentation to Property Tax Oversight through the Oversight and Assistance System (OASYS) electronic portal using the Refunds and Certificates System (RACS) at the following web address: <http://ptportal.floridarevenue.com>.

Supporting documentation includes:

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

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

Mail: Property Tax Oversight Program _____ Email: PTORefunds@dor.state.fl.us
Refund Section _____
P.O. Box 3000 _____ Efax: 850-617-6107
Tallahassee, FL 32315-3000

COMPLETED BY DOR

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Subject matter index code _____</div> <div style="display: flex; justify-content: space-between;">Ordered _____Denied _____</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature, DOR</div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;">RP _____TPP _____Date approved _____</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Reviews</div>
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