



# CLAIM FOR REFUND FORM

## PICKENS COUNTY ASSESSOR

222 MCDANIEL AVE. B8, PICKENS, SC 29671

PHONE: 864.898.5872

ASSESSORHELPDESK@CO.PICKENS.SC.US



### Applicant

I am applying for a refund for ~~one~~ <sup>one or more</sup> tax year(s):

### Account Number

### Owner Information

Owner Name(s)  
  
Mailing Address  
  
Daytime Phone (8:00 am - 5:00 pm)

### Form Filed By

Property Owner  Authorized Agent

#### Agents must have prior authorization from owner

The Pickens County Refund Committee will review the claim for refund request and mail a written decision to the taxpayer if the request is denied. If the request is approved, the committee will process your refund.

### Describe the reason(s) for requesting a refund of taxes paid. Attach any documents that support your request.

### Certification and Signature

I certify under penalty of perjury under the laws of SC that the information, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. If this form is prepared/filed by someone other than the taxpayer, an Appointment of Agent Form must be filed with the refund request.

Signature 

Signed by (Please check one):  Owner  Agent

Date Signed

Print Name

**CLAIM FOR REFUND MUST BE SUBMITTED WITHIN TWO YEARS OF THE FIRST PENALTY DATE FOR THE TAX YEAR REQUESTED. See SC 12-54-85(F)**

- Attach copy of paid tax receipt for each tax year requested
- Attach copy of valid drivers license or state issued ID, as well as current Vehicle Registration Card(s)
- Attach copy of most recently filed State Income Tax Returns (see SC 12-43-220)
- Attach copy of most recently filed Federal Income Tax Returns if you filed a Schedule E (see SC 12-43-220)
- Submit completed form and supporting documents to: Pickens County Refund Committee C/O Pickens County Assessor, 222 McDaniel Avenue, B-8, Pickens, SC 29671 or email to AssessorHelpdesk@co.pickens.sc.us

### This section will be completed by the Pickens County Refund Committee
