



Refund Verification

Dear Taxpayer/Property Owner:

Our records indicate that an overpayment may exist for the property tax account listed below. If you paid the taxes on this account *directly* and believe you are entitled to this refund, please complete this **Refund Verification** and return it to our office. If you did not make the payment(s) *directly* to the Tax Office on this account, please forward this letter to the person or company who paid these taxes.

Verification:

1. The verification process is considered complete only when **all** appropriate documentation to substantiate the refund claim is received by the Harris County Tax Office.
2. Claimant assumes responsibility for the validity of the posting and transfer of payments on the property tax account.
3. The property tax account is subject to assessment of penalty and interest if the overage refund is later adjusted due to the correction of payment on the account, or if the refund is claimed in error.
4. Account payment information is subject to audit verification and documentation review to establish the validity of the claim.
5. For you to qualify for a refund, a **Refund Verification** must be submitted within three years after the date of overpayment.
6. Release authorization from the payor is **required** if the refund is to be issued to a party other than the payor.
7. Other:

For assistance with this form, call the Tax Office at 713-274-8100 or access our website, www.hctx.net.

Please send completed form to:

Attn: Property Tax Refunds
Harris County Tax Office
P.O. Box 4520
Houston, TX 77210-4520

or via fax to:
713-368-2249

Completed by:

- property owner
 payor-mortgage, title company, agent, or other

Account Number:		Tax Year:	
Name:			
Street:			
City:		St:	Zip:
E-mail:		Phone:	

Tax Payment Details:

Payment by: _____ Check No.: _____ Paid Date: _____ Amount: _____

Refund Distribution:

As payor of the property tax overage, I choose to have my refund distributed as follows:

	Issue payment directly to me.	
	Transfer to tax account:	for delinquent tax years:
	Release payment to: <i>(Name and Address)*</i>	

***Note:** Require signed release authorization from payor.

Affirmation:

By signing below, I hereby affirm that I am entitled to the refund identified above and that the information I have given on this form is true and correct.

(If you make a false statement on this verification, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code.)

Signature

Date