

2009 CITY OF ASPEN FOOD TAX REFUND

In order to receive a Food Tax Refund, you **MUST** have lived within the City Limits of Aspen for the **ENTIRE YEAR (2009)**. If you have any questions, please call 920-5040.

APPLICANT			SPOUSE		
Last Name ,	First Name	Middle Initial	Last Name ,	First Name	Middle Initial
Mailing Address (where you would like your check sent)			Mailing Address (where you would like your check sent)		
City ,	State	Zip Code	City ,	State	Zip Code
Telephone Number			Telephone Number		
Street Address as of January 1, 2009: _____			Street Address as of January 1, 2009: _____		
Street Address as of December 31, 2009: _____			Street Address as of December 31, 2009: _____		
Have you ever received a Food Sales Tax Refund? Y <input type="checkbox"/> N <input type="checkbox"/>			Have you ever received a Food Sales Tax Refund? Y <input type="checkbox"/> N <input type="checkbox"/>		
Were you a registered voter for ALL of 2009? Y <input type="checkbox"/> N <input type="checkbox"/>			Were you a registered voter for ALL of 2009? Y <input type="checkbox"/> N <input type="checkbox"/>		

APPLICANT(S): (Check each applicable letter) **# OF BOXES CHECKED** (add A, B & C)

(A) Yourself (B) Over 65 (C) Blind (1) _____

(A) Spouse (B) Over 65 (C) Blind (2) _____

TOTAL (add lines 1 and 2)

DEPENDENTS: (Children BORN in 2009 are not eligible)

(Dependents must have resided within the city limits for the **ENTIRE** 12 months of 2009)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF DEPENDENTS

Under penalty of perjury I declare that I have examined this form and to the best of my knowledge and belief it is true, correct and complete.

Signature	Date	Spouse's Signature	Date
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This application is not valid unless accompanied by approved proof of residency as listed on the back.

THIS APPLICATION MUST BE RECEIVED AND APPROVED ON OR BEFORE 5:00 PM ON APRIL 15, 2010.

NO POSTMARKS WILL BE ACCEPTED

MAIL TO: CITY OF ASPEN, FINANCE DEPARTMENT, 130 S. GALENA STREET, ASPEN, CO 81611

FAX TO: 970-920-5197 / ATTN: FINANCE

<u>FOR FINANCE DEPARTMENT USE ONLY</u>		VENDOR # _____
Total Number of Applicants: _____	@ \$50.00/APPLICANT = \$ _____	Account Code: 100.01.44321.88720
Total Number of Senior Refunds: _____	@ \$50.00/PERSON = \$ _____	Account Code: 001.03.03000.88720
TOTAL AMOUNT OF FOOD TAX REFUND		\$ _____

Food Tax Refund Proof of Residency Requirements

ACCEPTED

ONE of the following proof of residency requirements for SELF AND SPOUSE (if applicable) must accompany your application:

1. Voter registration(s) within the city limits from **January 1, 2009** through **December 31, 2009**. The address on the voter list must be the same as your physical address for 2009. The Finance Department will have a current list of voters for verification purposes at the Finance Window.
2. A lease agreement with your name(s) from **January 1, 2009** through **December 31, 2009** showing physical address (no P.O. Boxes).
3. Utility bills (water, electric, cable, phone, sanitation) showing your name(s) and physical address from **January 1, 2009** through **December 31, 2009**. Only January and December bills are needed for proof.
4. Copies of cleared checks from **January, 2009** and **December, 2009** showing your name(s) and physical address and copies of valid driver's license(s) with the same physical address. For your privacy, please black out account number.

NOTE: College students living away from home do not qualify.

NOTE: If you received a refund last year and your mailing address is different than your physical address, or you would like your refund mailed to somewhere other than your physical address, you must prove residency.

NOT ACCEPTED

- Written notes from landlords, employers, roommates or friends
- P.O. Box addresses
- Driver's licenses (unless accompanied by proof listed under # 4)
- W-2's or tax returns
- Employment ID, paycheck stubs, etc.

If your application is incomplete or invalid, it will be returned to you at the given mailing address. It is your responsibility to complete the application and resubmit it to the City of Aspen Finance Department before 5:00 PM on April 15, 2010.

NO POSTMARKS WILL BE ACCEPTED

ABSOLUTELY NO EXCEPTIONS