



City of  
Golden

911 10<sup>TH</sup> ST. GOLDEN, CO 80401

## 2024 Claim Form for 2023 Sales Tax Refund

The sales tax refund is limited to senior, low-income or disabled individuals who have lived within the city limits of Golden for at least 90 consecutive days in 2023 and cannot be claimed as a dependent on any other person's tax return. **The refund amount for 2023 is \$125.** This will be adjusted for partial year residency in Golden and partial year at age 65. Please email [salestax@cityofgolden.net](mailto:salestax@cityofgolden.net) or call 303-384-8024 with questions.

*Please check one box only:*

☐ **Senior Refund** (must be 65 years or older)

☐ **Low Income Refund**

**Proof required.** Attach a photocopy of one of the following:

- State of Colorado Property Tax/Rent/Heat Rebate approval notification
- Proof of Medicaid benefits
- Proof of LEAP eligibility
- Proof of eligibility for food stamps

☐ **Disabled Refund**

**Proof required.** Attach a photocopy of one of the following:

- State of Colorado Property Tax/Rent/Heat Rebate approval notification
- Proof of full benefits from Social Security Disability Income, SSI or the Department of Human Services
- Proof of total disability from a public or private insurance plan

**All refunds will be  
processed after  
January 1, 2024**

*Please print or type:*

Name: Mr(s).

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: Mr(s).

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Golden, CO** **ZIP** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone:** \_\_\_\_\_

How many months did you reside in the city limits of Golden during 2023? \_\_\_\_\_ months

Were you claimed as a dependent on any other person's income tax form? ☐ yes ☐ no

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

***This form must be submitted by no later than April 15, 2024.***

### ***Refund Donation Option:***

You have the option to donate your refund to a City of Golden program or department by checking one of the boxes below:

☐ Golden Volunteer Fire Department

☐ Golden Cemetery

☐ Golden History Museum & Park

☐ Community Grant Program

☐ Golden Senior Front Porch

☐ Other City program or department (please identify): \_\_\_\_\_

### ***Office Use Only:***

Account #01-3031-61900    STR    Vendor # \_\_\_\_\_    Received \_\_\_\_\_    Payable \_\_\_\_\_