2019 Claim Form for 2018 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 2018 and cannot be claimed as a dependent on any other person's tax return. The refund amount for 2018 is $50. This will be adjusted for partial year residency in Golden and partial year at age 65. 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

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 2018? ________ 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, 2019.

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 Senior Front Porch
- Other City program or department (please identify): ________________________________

Office Use Only:
Account #01-3031-61900 STR Vendor # _________________________ Received _________ Payable _________