



Request for Refund of 2020 Utility Franchise/Gross Receipts Tax

Service Address: _____

MONTH:	GAS TAX	TOTAL ELECTRIC	ELECTRIC TAX (5%)	TOTAL
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

Income levels: (over 65/disabled)
 Single: \$37,238/\$40,394
 Married: \$46,931/\$51,992
 Note: Limits vary depending on number of household members.
 If you are claiming additional dependents living in your home, you must attach a list of each dependent's full name and age.

TOTAL AMOUNT REQUESTED FOR REFUND:

Check if applying as a previous recipient without documents

Refund will be mailed to address below within thirty (30) days.

Name: _____

Address: _____

City: _____ MO ZIP: _____

Subdivision: _____ Telephone: _____

Date of Birth of individual requesting refund (MM/DD/YY): _____

Filing Status of individual requesting refund: _____

I do hereby swear (or affirm) that during the prior calendar year, my total income was less than _____
 I was/was not required to file a Federal Income Tax return.

Signature: _____

Date: _____

FOR OFFICE USE ONLY
 Above information verified by _____
 Proof of income provided. _____
 G/L Acct #101-010-8600; Authorized payment: _____