



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
**Serving you.**

301 North Olive Avenue  
 West Palm Beach, FL 33401  
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[www.pbctax.gov](http://www.pbctax.gov) | @PBCTAX @TAXPBC

PBCTC FORM 199  
 Rev. 10/18/2024

**TOURIST DEVELOPMENT TAX (TDT) - APPLICATION FOR REFUND**

**SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTATION VIA:**

**EMAIL:** ClientAdvocate@pbctax.com - **ATTN:** TDT Refund  
**OR**

**MAIL:** Tax Collector, Palm Beach County • **ATTN:** TDT Refund  
**P.O. Box 3715 • West Palm Beach, FL 33402-3715**

Tourist Tax Account Number: \_\_\_\_\_

Reporting Period for Refund: \_\_\_\_\_

Amount of Refund Requested: \$ \_\_\_\_\_

Reason for Refund:  Overpayment  Payment was made in error

Explanation: \_\_\_\_\_

\_\_\_\_\_

Documentation to support the refund **MUST** be provided. Examples include but are not limited to, proof of the error, refund payments issued to the tenant, proof of reservation cancellation, lease changes, canceled checks and /or bank statements for proof of refund issued to the tenant. Upon review, you will be contacted by the TDT Department for further documentation, if warranted.

**THIS INFORMATION WILL BE USED TO MAIL YOUR REFUND CHECK TO THE ORIGINAL PAYEE**

Name of Original Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Florida Statutes require that an application for refund must be supported by appropriate documentation to substantiate the validity of the claim. There is a three-year statute of limitation on refunds based on the date the tax was paid to the Tax Collector's Office. (Florida Statutes 95.091(3), 212.12(6) & 213.255)**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

INTERNAL TAX COLLECTOR USE ONLY			
Refund Amount:	_____	Date Received:	_____
Approved By:	_____	Date Sent:	_____