



Village of Carol Stream

500 N. Gary Avenue • Carol Stream, Illinois 60188-1899 • (630) 665-7050 • FAX (630) 665-7058

REAL ESTATE TRANSFER TAX

APPLICATION FOR REFUND

INSTRUCTIONS

1. Please complete the upper portion of this application.
2. Attach a copy of the closing/settlement statements from **BOTH** properties (the property sold as well as the property purchased).

Name: _____

Date: _____

Address of property for which tax was paid: _____

Was this a rental/leased property? Yes No

Current address: _____

Do you currently occupy this property? Yes No

Refund Ordinance

Refund of Tax: Section 5-10-15 - A grantor, seller, assignor, or transferrer who has paid the tax provided for in this article shall be entitled to a refund of such tax in the event such grantor, seller assignor, or transferrer satisfies all of the following requirements:

- 1) He/she was the grantor or occupier of a property, including residential, commercial or industrial property within the corporate limits of the Village as to which taxes were paid pursuant to this article.
- 2) He/she did not rent or lease any portion of the previously owned dwelling or real estate to another person or persons and must have resided in the house being sold for a period of one year within the last three years prior to sale.
- 3) He/she has purchased and occupies at the date of the application for refund another property within the Village as a replacement for the property sold.
- 4) He/she makes the application for refund not later than eighteen (18) months after the tax payment has been made and provides adequate evidence of the fulfillment of each requirement of a refund.

Administrative Use Only

Transfer tax was paid for both properties: Yes No

Stamp number (Sold): _____ Date issued: _____

Stamp number (Purchased): _____ Date issued: _____

Is water billing account set up for current address? Yes No

Charge refunds to account #01000000.41208

Refund is approved in the amount of: \$ _____

Accountant/Date

Finance Director/Date

Refund Date: _____

Check Number: _____