

2015 CITY OF ASPEN FOOD TAX REFUND

In order to receive a Food Tax Refund, you **MUST** have lived within the City Limits of Aspen and have been a registered voter for the **ENTIRE YEAR (2015)**. If you have any questions, please call 920-5040.

APPLICANT			SPOUSE		
Legal Last Name	Legal First Name		Legal Last Name	Legal First Name	
Mailing Address (where you would like your check sent)					
City	State	Zip Code			
Phone Number			Phone Number		
E-mail Address			E-mail Address		
Would you like to receive application progress e-mails? <input type="checkbox"/> Y <input type="checkbox"/> N			Would you like to receive application progress e-mails? <input type="checkbox"/> Y <input type="checkbox"/> N		
Street Address as of January 1, 2015:			Street Address as of January 1, 2015:		
_____			_____		
Street Address as of December 31, 2015:			Street Address as of December 31, 2015:		
_____			_____		
Have you ever received a Food Sales Tax Refund? <input type="checkbox"/> Y <input type="checkbox"/> N			Have you ever received a Food Sales Tax Refund? <input type="checkbox"/> Y <input type="checkbox"/> N		
Were you a registered voter for ALL of 2015? <input type="checkbox"/> Y <input type="checkbox"/> N			Were you a registered voter for ALL of 2015? <input type="checkbox"/> Y <input type="checkbox"/> N		

APPLICANT(S): (Check each applicable letter)

OF BOXES CHECKED (add A, B & C)

(A) Yourself (B) 65 or Over (As of 12/31/15) (C) Blind (1) _____

(A) Spouse (B) 65 or Over (As of 12/31/15) (C) Blind (2) _____

TOTAL (add lines 1 and 2)

DEPENDENTS: (Children BORN in 2016 are not eligible)

Qualified Dependent: A qualified dependent eligible to be claimed on an applicant's food tax refund must be a member of the household within the City of Aspen limits and is claimed as a dependent for personal exemption on the applicant's federal tax return. A qualified dependent may be a child, college student or adult; however, the dependent must be able to be claimed on the federal tax return for the 2015 tax year. *A qualified dependent may only be claimed on one application.

Name	Relationship	DOB <small>(MM/DD/YYYY)</small>	School	Parent
_____	_____	_____	_____	Same as stated spouse <input type="checkbox"/>
_____	_____	_____	_____	Same as stated spouse <input type="checkbox"/>
_____	_____	_____	_____	Same as stated spouse <input type="checkbox"/>
_____	_____	_____	_____	Same as stated spouse <input type="checkbox"/>

TOTAL NUMBER OF DEPENDENTS

Under penalty of perjury I declare that I have examined this form and to the best of my knowledge and belief it is true, correct and complete.

Applicant's Signature	Date	Spouse's Signature	Date
FINANCE ONLY: VOTER REG # _____		FINANCE ONLY: VOTER REG # _____	

***Proof of residency: registered voter in the City of Aspen by 1/1/15. If barred from registering to vote alternative proof of residency is required, acceptable proof determined by Finance Director.**

THIS APPLICATION MUST BE RECEIVED AND APPROVED ON OR BEFORE 5:00 PM ON APRIL 15, 2016.

MAIL TO: CITY OF ASPEN, FINANCE DEPARTMENT, 130 S. GALENA STREET, ASPEN, CO 81611

FAX TO: 970-920-5197 / ATTN: FINANCE

FOR FINANCE DEPARTMENT USE ONLY VENDOR # _____

Total Number of Applicants: _____ @ \$50.00/APPLICANT = \$ _____ Account Code: 100.01.44321.88720

Total Number of Senior Refunds: _____ @ \$50.00/PERSON = \$ _____ Account Code: 001.03.03000.88720

TOTAL AMOUNT OF FOOD TAX REFUND \$ _____ INITIALS _____

Food Tax Refund Proof of Residency Requirements

NOTICE

All applicants will be required to be a registered voter in the City of Aspen by 1/1/15 to qualify for the food sales tax refund.

If you are not currently a registered voter, the City recommends you register to avoid any issues for future applications.

**Any resident who is barred from registering to vote due to non-citizenship or due to a felony conviction shall provide alternative proof of residency, as may be required by the Finance Director for the full calendar year. Acceptable proof will be determined by the Finance Director.*

If your application is incomplete or invalid, it will be returned to you at the given mailing address. It is your responsibility to complete the application and resubmit it to the City of Aspen Finance Department before 5:00 PM on April 15, 2016.

NO POSTMARKS WILL BE ACCEPTED

ABSOLUTELY NO EXCEPTIONS