



# FORM REF-400

## APPLICATION TO CLAIM A REFUND OR TRANSFER CREDIT BASED ON A REDUCTION IN ASSESSED VALUATION

**PLEASE READ THIS BEFORE COMPLETING THIS APPLICATION TO BE SURE YOU ARE SUBMITTING THE CORRECT REFUND APPLICATION.**

**USE THIS FORM** to apply for a refund or to transfer a credit ONLY if the refund or credit is the result of a reduction in the assessed valuation of a property pursuant to a Supreme Court Order or Settlement Agreement, a Remission Order issued by the New York City Tax Commission, or a Comptroller's Order.

**DO NOT USE THIS FORM** to apply for a refund in any of the following instances:

- If you are claiming overpayment of real estate tax,
- If there has been an improvement assessment when overpayment was made erroneously, or
- If you paid correctly for a tax or charge that was later cancelled.

In any of those instances, you must use FORM REF-583.

**NYC Department of Finance  
Refunds and Adjustments Unit  
66 John Street, 1st Floor  
New York, NY 10038**

[nyc.gov/finance](http://nyc.gov/finance)



FINANCE  
NEW • YORK  
THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE

Dear Taxpayer or Taxpayer's Representative,

This packet was designed to help you obtain a refund or a transfer of a real estate tax credit for yourself or your client.

Please be sure to submit all the required information and all the required documentation, signatures, and notarizations, so we can process your claim as quickly as possible.

You may use this application to request any ONE of the following options:

1. A refund, by check;
2. A transfer of the refund money to liquidate one or more charges on the same property;
3. A transfer of the refund money to liquidate one or more charges on another property in which you (or your client) have/has an interest; OR
4. A partial refund, by check, and the balance transferred as in #2 and #3 above.

**PLEASE READ THE INSTRUCTIONS CAREFULLY** as you complete this application. If you have questions, please call Customer Assistance at 212-504-4080.

# Instructions for Form REF-400

FINANCE  
NEW YORK

## REQUIREMENTS FOR ALL APPLICANTS

To be eligible for a refund or transfer of credit, you must show *either* of the following:

- That you paid the taxes or charges to be refunded, OR
- That another party paid the taxes or charges, and the party consents that the refund be made to you.

If you paid by check, you must submit a copy of the cancelled check showing who made the payment.

If you paid in cash, you must submit the original receipt you received at the time of payment. This shows the receipt number, the borough, block and lot, the account type, the due date of the tax that was paid, and the payment date.

If you, personally, did not pay the taxes or charges, the City cannot give you the refund or transfer of credit unless you produce a written, notarized consent form from the party who actually made the payment. Page 3 of this application has been provided for this purpose.

Finally, please note: If you wish to request a refund or transfer of credit for more than one property, you must file a separate Form REF-400 for each property.

## SPECIFIC INSTRUCTIONS

### LINE 1A - DESCRIPTION OF PROPERTY

Enter the borough, block and lot of the property in question.

### LINE 1B - APPLICANT'S INTEREST

Indicate the applicant's interest in the property in question.

### LINE 2 - APPLICANT INFORMATION

Enter the applicant's full name. If the applicant is a partnership or corporation, enter the full name of the entity.

Enter the name of the applicant's attorney, if applicable. If the attorney for this refund claim is different from the attorney of record for the action upon which this claim is based, a letter of authorization from the original attorney must be submitted.

Enter the applicant's mailing address. Correspondence and refund checks will be mailed to this address. If the applicant is represented by an attorney and wishes these items to be mailed to that attorney, enter the

attorney's address.

If the applicant is a partnership or a corporation, enter its Employer Identification Number.

If the applicant is an individual, enter the Social Security Number.

### LINE 3A THROUGH 3D - ATTORNEY INFORMATION

#### LINE 3A

Check the applicable box if an attorney has brought the action resulting in the reduction of the assessed valuation upon which this claim is based.

#### LINE 3B

If you checked "YES" on line 3A, enter the attorney's name.

#### LINE 3C

If you check "YES" on line 3A enter the attorney's Tax Commission number, if any.

#### LINE 3D

Check the applicable box if there is a letter of authorization attached. If the attorney named on Line 3B is not also named in Section 2, you must submit a letter of authorization.

### LINE 4 - DESCRIPTION OF ORDER

Check the box that indicates the source of the order that reduced the assessed valuation. Write in the date of the order and the tax year(s) to which the order applies. Attach a photocopy of the Order of Agreement that you received.

### LINE 5A THROUGH 5E - DESCRIPTION OF REFUND REQUEST

#### LINE 5A

Check the box indicating if this claim includes all period(s) of all tax year(s) covered by the order granting the reduction.

#### LINE 5B

If you checked "NO" on line 5A, specify the period(s) and/or tax year(s) included in this claim.

#### LINE 5C

Check the applicable box if you want the entire amount of your refund paid to you by check; if you want the entire amount of your refund transferred to liquidate one or more open charges on this or on another property in which you have an ownership interest in excess of 50%; or if you want a portion of your refund transferred, as explained above, and the balance paid by check.

**LINE 5D & 5E**

If you checked "transfer of credits to another open charge" or "transfer some credits with cash refund of the balance", complete this section. You may designate that your credit be transferred to an unpaid charge on another property in which you have an ownership interest greater than 50%. If you do not specify a particular charge to which you would like the credit applied, we will apply it to the oldest open lien on the property you have indicated. If the credit is applied to another property, the charge to which the credit is applied will not be reduced beyond the amount of the credit, regardless of the age of the credit.

**LINES 6A THROUGH 6F - EVIDENCE OF PAYMENT****LINE 6A**

Check the applicable box if you have attached copies of all applicable cancelled check(s) or original receipt(s).

**LINE 6B**

If you checked "NO" on line at 6A, check the applicable box if the missing items have been lost or destroyed.

**LINE 6C**

Check the applicable box if the applicant (the name stated on LINE 2) paid all of the taxes covered by this refund application.

**LINE 6D**

If you checked "NO" on line 6C, check the applicable box if the written consents from all the other payers are attached to this application.

**LINE 6E**

If you checked "NO" on line 6D, check the applicable box if any of the taxes involved were paid through a mortgage escrow account on the applicant's behalf.

**LINE 6F**

If you checked "YES" on LINE 6E, enter the name of the bank, name of mortgagee, and the mortgage and mortgage numbers.

**LINE 7 - SIGNATURE**

Sign and date the application, and have your signature notarized.

**PAGE 3****CONSENT OF PAYER**

*Complete this section if you are applying for a refund of a credit AND if you did not personally make the payment upon which your claim is based.*

**NAME OF PAYER**

Enter the name of the payer. The payer is the individual or business entity whose name appears on the check that paid the tax in question.

**NAME OF APPLICANT**

Enter the full name of the refund applicant on the designated lines. The applicant refers to the individual or entity who is applying for the refund.

Enter the borough, block and lot of the property on the designated lines.

**SIGNATURE OF PAYER**

If the payer is an individual, enter the signature. If the payer is a partnership or corporation (not an individual), the partner or corporate officer must sign the form. If an attorney, trust, or other entity represents the payer, the individual who signs the consent must attach a Power of Attorney, court order, or document of his or her capacity.

Enter the full address of the party signing the consent form, and have the consent form notarized.

**PAGES 7 TO 14****AFFIDAVIT AND INDEMNITY AGREEMENT FOR INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, AND CONDOMINIUM BOARDS OF MANAGERS**

*Complete the appropriate section if you applying for a refund or transfer of credit, AND you are also submitting an Affidavit and Indemnity Agreement and Attorney's Affirmation (instead of submitting copies of the cancelled checks or receipted bills) in proof of payment of the tax in question.*

If the applicant is an individual, partnership, corporation or condominium Board of Managers, the appropriate form must be signed and notarized.

**NAME OF APPLICANT**

Enter the full name of the refund applicant on the designated line. The applicant refers to the individual or entity who is applying for the refund or transfer of credit.

**ATTORNEY'S AFFIRMATION**

The form must be completed by the attorney representing the applicant and submitted in conjunction with the Affidavit and Indemnity Agreement.

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**NYC DEPARTMENT OF FINANCE  
REFUNDS AND ADJUSTMENTS UNIT  
66 JOHN STREET, 1ST FLOOR  
NEW YORK, NY 10038**

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