Claim for Refund of Taxes Paid

Make separate claim for each parish & type of tax

Name of taxpayer _____
Mailing Address:
Address_____

City_____State_____Zip_____

Parish Account Number _____

Check type of tax:
☐ Sales Tax   ☐ Occupational License Tax
☐ Alcohol Beverage Permit   ☐ Hotel/Motel Occupancy Tax
☐ Insurance Premium Tax   ☐ _____

Period(s) of overpayment _____
Contact Person:
Name _____

Email Address_____

Telephone _____ Fax _____

Total remitted for the period $_____

Amount claimed to be due as amended $_____

Difference (refund requested) $_____

This refund is claimed for the following reasons:

_____

_____

_____

Providing appropriate documentation for refund requests will expedite the refund claim. For example: original invoice, credit invoice, original tax return, and proof of payment.

For bad debt write-offs, please supply the state's approval letter.
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<u>FOR OFFICE USE ONLY:</u>
Total Approved for Payment $_____

Date _____ Approved By _____