



**Allen Parish School Board
Sales and Use Tax**

1111 W 7th Avenue
P.O. Drawer 190
Oberlin, LA 70655

Claim for Refund of Taxes Paid (including Credit Memos)

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:

- | | |
|--|--|
| <input type="checkbox"/> Sales Tax | <input type="checkbox"/> Occupational License Tax |
| <input type="checkbox"/> Alcohol Beverage Permit | <input type="checkbox"/> Hotel/Motel Occupancy Tax |
| <input type="checkbox"/> Insurance Premium Tax | <input type="checkbox"/> _____ |

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.

FOR OFFICE USE ONLY:

Total Approved for Payment \$ _____

Date _____ Approved By _____