



Sales and Use Tax Department  
 PO Drawer 2050 2439 6th Street  
 Lake Charles, LA 70602-2050  
 (337) 217-4280 Fax (337) 217-4281  
 www.calcasieusalestax.org

# CLAIM FOR REFUND OF TAXES PAID INCLUDING CREDIT MEMOS

**This form is to be completed by Applicant and filed with the Collector for the Calcasieu Parish School Board Sales Tax Department**

Revised: 12/2018

ACCOUNT #: \_\_\_\_\_

NAME OF TAXPAYER: \_\_\_\_\_  
If Taxpayer is a corporation, enter corporation name

REPRESENTED BY: \_\_\_\_\_  
Give name and title

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The above deponent, being duly sworn, deposes and says that the following statement is true and correct, that he is entitled to the refund requested and that he is not delinquent with the State of Louisiana and the Calcasieu Parish School Board in the payment of any other state and local taxes.

Nature of Tax: \_\_\_\_\_  
Sales or Use

Period: \_\_\_\_\_  
NOTE: Submit copies of returns and/or credit memos associated with refund period(s)

Total Amount of Taxes Paid: \$ \_\_\_\_\_

Corrected Amount of Taxes That Were Due: \$ \_\_\_\_\_

Amount Requested to be Refunded: \$ \_\_\_\_\_

This refund is claimed for the following reasons: \_\_\_\_\_

Sworn to and subscribed before me this: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Notary administering oath

My Notary commission expires: \_\_\_\_\_

### THIS AREA FOR OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Reviewing Tax Officer: \_\_\_\_\_

Total Requested Refund: \$ \_\_\_\_\_ Interest to be computed from \_\_\_\_\_ to \_\_\_\_\_

Total Approved Refund: \$ \_\_\_\_\_ Refund Check(s) Mailed: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Sales Tax