*Proud Member of LATA*

# Ascension Parish Sales and Use Tax Authority

P.O. Box 1718
Gonzales, LA 70707

## Claim for Account Refund or Credit from Taxes Paid

Make separate claim for each overpayment of tax and for each period.

Name of Taxpayer _____

Address _____

City, State, Zip _____

Account Number _____

Check type of tax: Sales or Use Tax___ OLT or Insurance___ Permit___ Occupancy Tax___

Check type of claim requested: ☐ Refund ☐ Credit

Period of overpayment: _____

Contact Person _____

Email of Contact Person _____

Telephone _____Ext_____ Fax _____

Total remitted for the period $_____

Amount claimed to be due as amended: $_____

Difference (amount requested): $_____

*This credit or refund is claimed for the following reasons:*

_____

_____

_____

_____

_____

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

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**FOR OFFICE USE ONLY:** Total Credit or Refund Amount Approved: $ _____

Date: _____ Auditor / Clerk: _____

Date: _____ Administrator: _____