



Proud member of LATA

# Ascension Parish Sales and Use Tax Authority

P. O. Box 1718  
Gonzales, LA 70707

## Claim for Refund of 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 Tax \_\_\_\_\_ OLT or Insurance Premium \_\_\_\_\_

Liquor Permit \_\_\_\_\_ Occupancy Tax \_\_\_\_\_

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 (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 states approval letter.

\*\*\*\*\*  
**FOR OFFICE USE ONLY:** Total Approved for Payment: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Auditor: \_\_\_\_\_

Date: \_\_\_\_\_ Administrator: \_\_\_\_\_