



St. Martin Parish School Board

Sales & Use Tax Department



P.O. Box 1000

337-332-2105

Breaux Bridge, LA 70517

337-332-1287 Fax

salestax@saintmartinschools.org

APPLICATION FOR CREDIT OR REFUND OF TAXES PAID

Taxpayer Name: _____

Address: _____

Contact Person: _____ St. Martin Parish Tax Account #: _____

E-mail Address: _____

Period(s) of Overpayment: _____

Total amount remitted for period: \$ _____

Amount claimed to be due as amended \$ _____

Difference (refund/credit requested) \$ _____

Please explain briefly the reason for claim: _____

Providing appropriate documentation for credit/refund claims will expedite the refund claim process. The following documents are required for all credit/refund claims:

- An amended return for the period(s) of overpayment.
- Original return for period(s).
- Original invoice(s) & credit memo(s)
- Form W-9.

Please note that additional documentation may be requested in order to process credit/refund claim.

For bad debt write-offs, please supply the state's approval letter.

A credit memorandum will be issued to all active accounts; if the credit amount is such that it cannot be used within a three-month period a refund check may be requested.

Signature of authorized company representative

Date

Printed name of authorized company representative

FOR OFFICE USE ONLY: Total Approved for Credit/Refund: \$ _____

Date: _____

Administrator: _____

Date: _____

Bookkeeper: _____