

Claim for Refund of Sales Tax Paid

Make a separate claim for each overpayment of tax and for each period:

Name of taxpayer _____

Address _____

City, State, Zip _____

Assumption Parish Sales Tax Account #: _____

LA Account #: _____ EIN #: _____

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:

Please include with this request:

- An amended return for the applicable period
- Original invoice, credit invoice, original tax return, and proof of payment
- A W-9 form
- For bad debt write-offs, please supply the state's approval letter

You must provide clear and convincing evidence that an overpayment has been made. Providing appropriate documentation for refund requests will expedite the refund claim. If all documentation is not received, the Refund Request will not be considered as received.

Signature of Applicant

Date

FOR OFFICE USE ONLY: Total Approved for Payment: _____

Date: _____ Administrator: _____

Date: _____ Director: _____

Vendor #: _____ Acct #: _____