Revised 4/2000

CLAIM FOR REFUND OF TAXES PAID INCLUDING CREDIT MEMOS

STATE OF LOUISIANA
PARISH OF CALCASIEU
Calcasieu Parish School Board
Sales and Use Tax Department

This form is to be completed by the applicant and filed with the Collector for the Calcasieu Parish School Board

NAME OF TAXPAYER: _____
If taxpayer is a corporation, enter corporation name

REPRESENTED BY: _____
Give name and title

MAILING ADDRESS: _____

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 System in the payment of any other state and local taxes.

Nature of tax: _____ Period: _____
Sales or Use
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 Notary administering oath Signature of Taxpayer

My commission expires: _____.

FOR OFFICE USE ONLY

Date Request Received: _____

Reviewing Tax Officer: _____

Total Amount Requested for Refund: $_____

Amount Approved for Payment: $_____

JURISDICTIONAL BREAKDOWN

Taxing Jurisdiction: _____ _____ _____

Amount Paid: _____ _____ _____

Adjusted Tax Due: _____ _____ _____

Amount for Refund: _____ _____ _____

TOTAL $_____

Interest to be computed from

_____ to _____

Total Approved for Payment: $_____

_____ _____
Date Director of Sales Tax

Refund Check Mailed: _____