



Sales and Use Tax Department
 PO Drawer 2050 2439 6th Street
 Lake Charles, LA 70602-2050
 (337) 217-4280 Fax (337) 217-4281
 www.calcasieusalestax.org

CLAIM FOR REFUND OF TAXES PAID INCLUDING CREDIT MEMOS

This form is to be completed by Applicant and filed with the Collector for the Calcasieu Parish School Board Sales Tax Department

Revised: 12/2018

ACCOUNT #: _____

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

REPRESENTED BY: _____
Give name and title

MAILING ADDRESS: _____

CONTACT PHONE NO: _____ EMAIL: _____

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

Nature of Tax: _____
Sales or Use

Period: _____
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 Taxpayer

Signature of Notary administering oath

My Notary commission expires: _____

THIS AREA FOR OFFICE USE ONLY

Date Request Received: _____ Reviewing Tax Officer: _____

Total Requested Refund: \$ _____ Interest to be computed from _____ to _____

Total Approved Refund: \$ _____ Refund Check(s) Mailed: _____

Date

Director of Sales Tax