



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: 2/2018

Account #: \_\_\_\_\_

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

REPRESENTED BY: \_\_\_\_\_  
Give name and title

CONTACT PHONE NO: \_\_\_\_\_ EMAIL \_\_\_\_\_

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 Board 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 Notary commission expires: \_\_\_\_\_

## THIS AREA FOR OFFICE USE ONLY

Date Request Received: \_\_\_\_\_

Reviewing Tax Officer: \_\_\_\_\_

Total Amount Requested for Refund: \$ \_\_\_\_\_

### JURISDICTIONAL BREAKDOWN

Taxing Jurisdiction(s): Approved for Refund:

SB	_____	HOPE	_____
SB SAL	_____	EDD	_____
SB SAL 2	_____	OPELRAM	_____
SB#3 (MB)	_____	EDD	_____
LED	_____	EXECUTIVE	_____
LED2	_____	EDD	_____
PJ#1	_____	MORGANFIELD	_____
PJ4A	_____	EDD	_____
LC	_____		
LCEMP	_____		
LCEMP2	_____		
SUL	_____		
IOWA	_____		
DQ	_____		
VIN	_____		
WL	_____		

**TOTAL**

Interest to be computed \_\_\_\_\_ to \_\_\_\_\_

Total Approved for Payment: \$ \_\_\_\_\_

\_\_\_\_\_  
 Date Director of Sales Tax

Refund Check(s) Mailed: \_\_\_\_\_