

# CLAIM FOR REFUND OF TAXES PAID

Tangipahoa Parish Sales & Use Tax Division  
Post Office Box 159  
Amite, LA 70422  
Phone: (985) 748-5229 Fax: (985) 748-2489

**Taxpayer Name:** \_\_\_\_\_

**Tax Account Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Tax Period(s):** \_\_\_\_\_

(Month and Year)

Preferred refund method:

1. Taxes remitted: \$ \_\_\_\_\_

\_\_\_\_ Credit Memo

2. Taxes due, as amended: \$ \_\_\_\_\_

\_\_\_\_ Refund Check

3. **Refund requested:** \$ \_\_\_\_\_

(Your preference will be considered,  
but is not guaranteed.)

Providing appropriate documentation for refund requests will expedite the refund claim. For example, original invoice, credit invoice, original tax return, proof of payment. For bad debt write offs, please supply the state's approval letter and the corresponding federal income tax return.

***This refund is claimed for the following reasons:***

\_\_\_\_\_  
\_\_\_\_\_

Signature of Taxpayer: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

**This form must be notarized if the claim is greater than \$1,500**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Administering Oath)

Taxpayer: \_\_\_\_\_

(Name and Title)

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 this Department in the payment of Sales and Use Tax.

**For Office Use Only**

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

Revised 10/2011