

CLAIM FOR REFUND OF TAXES PAID

City of Baton Rouge/Parish of East Baton Rouge
Department of Finance – Revenue Division
PO Box 2590
Baton Rouge, LA 70821-2590
(225) 389-3084

Taxpayer Name: _____

Tax Account Number: _____

Business Address: _____

Business Phone: _____

Contact Person: _____

Title: _____

E-Mail Address: _____

Type of Tax: _____ **Period(s):** _____
(Month and Year)

- | | | |
|-----------------------------|----------|---------------------------------------|
| 1. Taxes remitted: | \$ _____ | Preferred refund method: |
| 2. Taxes due, as amended: | \$ _____ | <input type="checkbox"/> Credit Memo |
| 3. Refund requested: | \$ _____ | <input type="checkbox"/> Refund Check |

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 City or Parish in the payment of Sales Tax, Use Tax, Hotel-Motel Tax, or Occupational License Tax.

For Office Use Only
Date Received: _____
Refund Project: _____