



Proud member of LATA

Ascension Parish Sales and Use Tax Authority

P. O. Box 1718
Gonzales, LA 70707

Claim for Refund of Taxes Paid

Make separate claim for each overpayment of tax and for each period

Name of taxpayer _____

Address _____

City, State, Zip _____

Account Number _____

Check type of tax: Sales Tax _____ OLT or Insurance Premium _____

Liquor Permit _____ Occupancy Tax _____

Period of overpayment: _____

Contact Person _____

Email of Contact Person _____

Telephone _____ Ext _____ Fax _____

Total remitted for the period \$ _____

Amount claimed to be due as amended: \$ _____

Difference (refund requested): \$ _____

This refund is claimed for the following reasons:

Providing appropriate documentation for refund requests will expedite the refund claim. For example: original invoice, credit invoice, original tax return, and proof of payment. For bad debt write-offs, please supply the states approval letter.

FOR OFFICE USE ONLY: Total Approved for Payment: \$ _____

Date: _____ Auditor: _____

Date: _____ Administrator: _____