

**IBERVILLE PARISH COUNCIL – SALES TAX DEPARTMENT**

**CLAIM**

Received  
(Office and Date)

**TO BE FILED WITH THE OFFICE WHERE CHARGE WAS MADE OR TAX PAID .**

- Refund of Taxes Illegally, Erroneously, or Excessively Collected
- Refund of Amount Paid For.....
- Cancellation of Charge For.....

**Please Type or Print Plainly**

Name of Claimant			
Number and Street		City and State	
Office to which Payment or Charge Made		Name and Address of Tax Bill, License or Return if different from above	
Period		Kind of Tax or Charge	
From	To		
Amount of Tax or Charge	Dates of Payment	Amount to be Refunded	Amount to be Cancelled
\$		\$	\$

The claimant believes that this claim should be allowed for the following reasons:

**Use Reverse Side If Space Is Insufficient**

I believe under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

Signed (Business Owner).....

Dated.....

Signed (Agent).....

**FOR OFFICE USE ONLY**

Recommendation of office making charge or collection:

Payment Reference.....

Signed.....

Date.....

Title.....

Approved:

Date:

Sales/Use Tax Director