

BOSSIER CITY — PARISH



Sales and Use Tax Division

P.O. BOX 71313
BOSSIER CITY, LOUISIANA 71171-1313
PHONE NO: (318) 741-8549
FAX NO: (318) 741-8997



CLAIM FOR REFUND OR CREDIT

State of Louisiana Parish of Bossier Bossier
City-Parish Sales & Use Tax Division

This form to be completed by
the applicant and filed with the Bossier City-
Parish Sales & Use Tax Division

Taxpayer Account #: _____

Name of Taxpayer: _____

If taxpayer is a corporation, enter corporation name

Represented By: _____

Give name and title

Mailing Address: _____

Email Address: _____

Phone Number: _____

The above representative declares that the following statement is true and correct, that the taxpayer is entitled to the refund requested and that they are not delinquent with the Bossier City-Parish Sales & Use Tax Division in the payment of any taxes.

Nature of Tax: _____ Period: _____
Sales or Use

Total Amount of Taxes Paid: \$ _____

Corrected Amount of Taxes That Were Due: \$ _____

Amount Requested to be Refunded or Credited: \$ _____

This claim is for the following reasons: _____

Signature of Taxpayer

Date

FOR OFFICE USE ONLY

Date Request Received: _____

Assigned Auditor: _____

Amount Approved for Payment:

\$ _____

Reviewed by: _____

Approved by: _____

Date: _____

Copies of supporting documentation such as original invoices, credit invoices, tax returns or proof of payment **MUST** accompany this claim form and must be **RECEIVED** by the Tax Collector no later than 3 years from Dec. 31 of the year that tax becomes due to be considered a valid claim. (LA R.S. 47:337.79)