



Mark A. Daigle
Director

PARISH OF TERREBONNE
SALES AND USE TAX DEPARTMENT

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CLAIM FOR REFUND OF SALES/USE TAXES PAID TO TERREBONNE PARISH

Name of Taxpayer: _____
(Legal Name of Business) (Trade Name)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parish Account Number: _____

Type of Tax: Sales Tax Hotel/Motel Occupancy Tax
 Occupational License Tax Other: _____

Period(s) of Overpayment: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone #: _____ Fax #: _____

Total amount remitted for period: \$ _____

Amount Claimed to be due as amended: \$ _____

Difference (refund requested): \$ _____

Explain Briefly: _____

FAILURE TO PROVIDE ADEQUATE SUPPORTING DOCUMENTATION (original invoice, credit invoice, customer supplied exemption certificate, original return, etc.) AT THE TIME OF SUBMISSION OF THIS REFUND REQUEST SHALL RESULT IN A PROCESSING DELAY. THIS CLAIM IS NOT DEEMED COMPLETE UNTIL ALL DOCUMENTATION IS RECEIVED.

FOR BAD DEBT WRITE-OFFS, YOU MUST SUPPLY THE STATE'S APPROVAL LETTER

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FOR OFFICE USE ONLY:

Total Approved for Refund / Credit: \$ _____

Date: _____ Approved By: _____