

# PARISH OF RAPIDES

SALES AND USE TAX DEPARTMENT

5606 COLISEUM BLVD. ALEXANDRIA, LA 71303

DONNA J. ANDRIES, CPA, CTA  
Tax Administrator

Phone (318) 445-0296  
Fax (318) 449-4532  
Email info@rpst.org

## Claim for Refund of Taxes Paid

**Make separate claim for each type of tax**

Name of taxpayer \_\_\_\_\_

**Mailing Address:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parish Taxpayer Account Number \_\_\_\_\_

Check type of tax:

- |  |  |
|--|--|
| <input type="checkbox"/> Sales Tax               | <input type="checkbox"/> Occupational License Tax  |
| <input type="checkbox"/> Alcohol Beverage Permit | <input type="checkbox"/> Hotel/Motel Occupancy Tax |
| <input type="checkbox"/> Insurance Premium Tax   | <input type="checkbox"/> _____                     |

Period(s) of overpayment \_\_\_\_\_

**Contact Person:**

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Total remitted for the period \$ \_\_\_\_\_

Amount claimed to be due as amended \$ \_\_\_\_\_

Difference (refund requested) \$ \_\_\_\_\_

*This refund is claimed for the following reasons:*

\_\_\_\_\_  
\_\_\_\_\_

IN THE HEART OF LOUISIANA

**All documentation evidencing your refund claim must accompany the request or the claim will be denied.** For example: original invoice, credit invoice, original tax return, and proof of payment.

For bad debt write-offs, please supply the state's approval letter.

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Total Approved for Payment \$ \_\_\_\_\_

Date \_\_\_\_\_ Approved By \_\_\_\_\_