Application for Refund of Taxes Paid

St. Charles Parish Sales and Use Tax Department

Taxpayer Name: _____

Type of Tax: _____   Account No.: _____

Period(s): _____

1. Taxes remitted: _____

2. Taxes due, as amended: _____

3. Refund requested: _____

This refund is claimed for the following reason(s) (check all that apply):

☐   The tax was overpaid because of an error on the part of the taxpayer in mathematical computation on the face of the return or on any of the supporting documents.

☐   The tax was overpaid because of a construction of the law on the part of the taxpayer contrary to the collector's construction of the law at the time of payment.

☐   The overpayment was the result of an error, omission, or a mistake of fact of consequence to the determination of the tax liability, whether on the part of the taxpayer or the collector.

☐   The overpayment resulted from a change made by the collector in an assessment, notice, or billing issued under the provisions of this Chapter.

☐   The overpayment resulted from a subsequent determination that the taxpayer was entitled to pay a tax at a reduced tax rate.

☐   The overpayment was the result of a payment that exceeded either the amount shown on the face of the return or voucher, or which would have been shown on the face of the return or voucher if a return or voucher were required.

☐   Other (describe): _____

_____

If this application for refund is for multiple months, please attach monthly detail of taxes remitted, taxes due and refund amounts requested as indicated below:

• Prepare an amended return for the applicable period.

• Adjust the original return for any returns, exemptions, exclusions, etc.

• If all documentation is not received, the Refund Request will not be considered received and ready for review. 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 and the corresponding federal income tax return.

• Provide clear and convincing evidence that an overpayment has been made.

Under the penalty of perjury, I declare all of the facts as set forth herein, to the best of my knowledge and belief, including all accompanying documentation, are true, correct and complete.

_____   _____
Printed Name of Applicant   Signature of Applicant

_____   _____
Title   Date