

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