

IBERVILLE PARISH COUNCIL – SALES TAX DEPARTMENT

CLAIM

Received (Office and Date)

TO BE FILED WITH THE OFFICE WHERE CHARGE WAS MADE OR TAX PAID - COMPLETE IN TRIPLICATE

- Refund of Taxes Illegally, Erroneously, or Excessively Collected
Refund of Amount Paid For
Cancellation of Charge For

Please Type or Print Plainly

Name of Claimant
Number and Street
City and State
Office to which Payment or Charge Made
Name and Address of Tax Bill, License or Return if different from above
Period
Kind of Tax or Charge
From To
Amount of Tax or Charge
Dates of Payment
Amount to be Refunded
Amount to be Cancelled

The claimant believes that this claim should be allowed for the following reasons:

Use Reverse Side If Space Is Insufficient

I believe under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

Signed (Business Owner)

Dated

Signed (Agent)

FOR OFFICE USE ONLY

Recommendation of office making charge or collection:

Payment Reference

Signed

Date

Title

Approved:

Date:

Sales/Use Tax Director