

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