

CLAIM FOR CREDIT OR REFUND OF TAXES PAID

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE

Name of Taxpayer: _____
(Corporation, Enter Corporation Name)

Represented by: _____
(Give Name and Title)

Address: _____

The above deponent, being duly sworn, deposes and says that the following statement is true and correct, that he is entitled to the refund requested and that he is not delinquent with this City or Parish in the payment of Sales Tax, Use Tax, Hotel-Motel Tax, Enterprise Zone, or Occupational License Tax.

Nature of Tax: _____ **Tax Account No.:** _____

Period: _____
(Month and Year)

- 1. **Total amount paid for period:** \$ _____
- 2. **Amount claimed to be due:** \$ _____
- 3. **Amount now requested to be refunded:** \$ _____

This form must be notarized if the claim is greater than \$1,500.00

This refund is claimed for the following reasons:

(Attach Additional Schedule If Necessary)

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Signature of Notary Administering Oath)

Taxpayer: _____
(Title) _____