

Form 3507.A  
Claim For Refund Or Credit  
Of Taxes Paid In Error  
(To Be Completed by Taxpayer/Claimant)

I. Claimant:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

II. Property:

Parish \_\_\_\_\_ District (if Orleans Parish) \_\_\_\_\_ Ward \_\_\_\_\_

Assessment No. \_\_\_\_\_ Tax Bill No. \_\_\_\_\_

Amount of Tax Paid in Error \_\_\_\_\_ Description of Property: \_\_\_\_\_

III. Basis of Claim:

Dual or multiple payment \_\_\_\_\_

Payment on non-existent property \_\_\_\_\_

Payment on property in which taxpayer no longer  
has an interest \_\_\_\_\_

Property is eligible for homestead exemption \_\_\_\_\_

Clerical error in assessment rolls \_\_\_\_\_

Other \_\_\_\_\_

The following documents are attached to this form as proof of the basis for this claim:

\_\_\_\_\_

\_\_\_\_\_

IV. Proof of Payment:

The following proof of payment is attached:

\_\_\_\_\_ Copy of canceled check(s) both sides

\_\_\_\_\_ Receipt to the Claimant

V. Date of Erroneous Payment: \_\_\_\_\_

The following proof of date of payment is attached to document the date(s) of payment(s):

- \_\_\_\_\_ Copy of canceled check(s) (both sides)
- \_\_\_\_\_ Dated receipt from Tax Collector
- \_\_\_\_\_ Other (describe)

VI. Standing:

The following proof that the claimant is the person who made the erroneous payment, is a bona fide representative of the person who made the erroneous payment or has succeeded to or otherwise possesses the right to present the claim is attached:

- \_\_\_\_\_ Receipt to Claimant or canceled check
- \_\_\_\_\_ Proof of status as responsible employee or officer
- \_\_\_\_\_ Affidavit or Contract of Employment as attorney, accountant or other representative, or
- \_\_\_\_\_ Other proof of status as legal representative of Claimant

VII. Signature: \_\_\_\_\_  
Property Owner/Authorized Agent

**To Be Completed At Office of Louisiana Tax Commission**

Claim received, Date \_\_\_\_\_ Assessor consulted, Date \_\_\_\_\_

Assessor's response: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_

Initial Response To Taxpayer

Documentation requested \_\_\_\_\_ Date \_\_\_\_\_

Received \_\_\_\_\_ Date \_\_\_\_\_

Decision

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial \_\_\_\_\_

Reason \_\_\_\_\_

Refund Or Credit

Property is eligible for homestead Yes \_\_\_\_\_ No \_\_\_\_\_

Parish has alternative procedure Yes \_\_\_\_\_ No \_\_\_\_\_

Form 3507.B  
Assessor Notification of  
Possible Claim For Refund Or Credit  
For Taxes Paid In Error  
(To Be Completed by Assessor)

Claimant:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property:

Parish \_\_\_\_\_ District (if Orleans Parish) \_\_\_\_\_

Ward \_\_\_\_\_ Assessment No. \_\_\_\_\_ Tax Bill No. \_\_\_\_\_

I have received and reviewed the Claim for Refund or Credit of Taxes Paid in Error (Form 3507.A) for the above referenced claimant and property. Based upon my review, I have determined that:

The claimant is due a refund or credit for taxes erroneously paid in the amount of \$ \_\_\_\_\_ due to (describe reason(s) for refund or credit) \_\_\_\_\_.

This property is \_\_\_\_\_ is not \_\_\_\_\_ eligible for the homestead exemption.

My parish does \_\_\_\_\_ does not \_\_\_\_\_ have an alternative procedure for providing for refunds of ad valorem taxes erroneously paid.

\_\_\_\_\_ No refund or credit for taxes erroneously paid is due. (Reason(s) for denial)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Assessor