

LOUISIANA
DEPARTMENT of REVENUE

Direct Marketer Sales Tax Return
 Catalogs, Periodicals, Internet, Radio,
 Television, or Other Advertising

Louisiana Department of Revenue
 Revenue Processing Center/Error
 Resolution Section
 P.O. Box 3138
 Baton Rouge, LA 70821-3138
 Telephone: (855) 307-3893

Name _____
 Trade Name _____
 Address _____
 Address _____
 City, State, ZIP _____

_____ Please enter your Revenue Account Number here.

Filing Period _____ mm/yy

1	GROSS SALES OF TANGIBLE PERSONAL PROPERTY (Through catalogs, periodicals, Internet, radio, television, or by other advertising)	1		.00
2	TOTAL ALLOWABLE DEDUCTIONS (From Line 18, Schedule A. Do not include as a deduction any item not reported on Line 1.)	2		.00
3	TOTAL TAXABLE AMOUNT (Line 1 minus Line 2)	3		.00
4	TAX DUE (Multiply amount on Line 3 by 8.45%)	4		.00
5	EXCESS TAX COLLECTED	5		.00
6	TOTAL (Line 4 plus Line 5)	6		.00
7	VENDOR'S COMPENSATION (.840% of Line 6 if timely filed and paid. Limited to \$1500. See instructions for additional information.)	7		.00
8	NET TAX DUE (Line 6 minus Line 7)	8		.00
9	DELINQUENT PENALTY (5% of tax for each 30 days of delinquency, or fraction thereof, not to exceed 25% in the aggregate)	9		.00
10	INTEREST (See instructions.)	10		.00
11	TOTAL TAX, PENALTY, AND INTEREST (Total of Lines 8, 9, and 10)	11	PAY THIS AMOUNT Do NOT send cash. →	.00
SCHEDULE A – ALLOWABLE DEDUCTION				
12	SALES OF PREPAID PHONE CARDS	12		.00
13	MULTIPLY LINE 12 BY 11.8% (.118) AND ENTER HERE.	13		.00
14	FOOD ITEMS FOR HOME CONSUMPTION	14		.00
15	SALES FOR RESALE	15		.00
16	OTHER DEDUCTION: _____	16		.00
17	OTHER DEDUCTION: _____	17		.00
18	TOTAL (Add Lines 13 through 17. Enter here and on Line 2.)	18		.00
19	TOTAL NUMBER OF TRANSACTIONS SOLD IN LA THIS PERIOD	19		

To avoid penalties, return must be transmitted on or before the 20th day following the period covered. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature _____		Date (mm/dd/yyyy) _____
Print Name _____	Title _____	Telephone _____

PAID PREPARER USE ONLY	Print Preparer's Name _____	Preparer's Signature _____	Date (mm/dd/yyyy) _____	Check <input type="checkbox"/> if Self-employed
	Firm's Name ► _____		Firm's FEIN ► _____	
	Firm's Address ► _____		Telephone ► _____	



For office use only.

PTIN, FEIN, or LDR Account Number of Paid Preparer

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